

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 046 ***150.00

DOCUMENT # P99000052087

1. Entity Name

DIGITAL MELODIES INC

DO NOT WRITE IN THIS SPACE

80124355

2. Principal Place of Business

8743 HUNTFIELD STREET

Suite, Apt. #, etc.

3. Mailing Address

8743 HUNTFIELD STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3579056

Applied For

Not Applicable

Zip

33635

Country

USA

Zip

33635

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SUBRAMANIAN MUTHU KUMAR

Street Address (P.O. Box Number is Not Acceptable)

8743 HUNTFIELD STREET

City

TAMPA

FL

Zip Code

33635

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR
NAME SUBRAMANIAN MUTHU KUMAR
STREET ADDRESS 8743 HUNTFIELD STREET
CITY - ST - ZIP TAMPA FL-33635

TITLE DIRECTOR
NAME LATA KUMAR
STREET ADDRESS 8743 HUNTFIELD STREET
CITY - ST - ZIP TAMPA FL-33635

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

On 4. (SUBRAMANIAN M KUMAR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-DIRECTOR

05/30/2002 (813) 601-2338

Date

Daytime Phone #

CR2E034B (12/01)