FILED

(10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 16, 2003 8:00 am Secretary of State P99000053136 DOCUMENT # 1. Entity Name 01-16-2003 90091 004 ***150.00 MUSICWONDERLAND.COM, INC. Principal Place of Business Mailing Address 5631 SOUTHWEST 58TH COURT 5631 SOUTHWEST 58TH COURT へってのひばし **MIAMI FL 33143** MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0920860 Not Applicable ...Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required : 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MISRAHI, LARRY 5631 SOUTHWEST 58TH COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 Zip Code 8. The above named entity submits this statement for the pu ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE apolicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F MISRAHI, LARRY ☐ Change NAME ☐ Addition NAME 5631 SOUTHWEST 58TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME MISRAHI, PAMELA ☐ Addition NAME 5631 SOUTHWEST 58TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Delete ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR