2000 UNIFORM BUSINESS REPORT (UBR) amended

FILED
00 AUG -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

8/2/00 90141/001 -- $17.50
8/2/00 90141/002 - $43.75

DOCUMENT # P99000059626

1. Entity Name
MUSIC FOR AEROBICS, INC.

Principal Place of Business	Mailing Address
389 Pincrest Drive Miami Springs, FL 33166	389 Pinecrest Drive Miami Springs, FL 33166

2. Principal Place of Business	3. Mailing Address
P.O. Box 660534	P.O. Box 660534
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Springs, FL	City & State: Miami Springs, FL
Zip: 33266-0534 Country: USA	Zip: 33266-0534 Country: USA

4. FEI Number: 65-0932973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Terry J. Nelson
389 Pincrest Drive
Miami, Springs, FL 33166

7. Name and Address of New Registered Agent

Name: Gloria Maisonet
Street Address (P.O. Box Number is Not Acceptable): 389 Pincrest Drive
City: Miami Springs FL Zip Code: 33266

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: G. Maisonet 7/05/00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Terry J. Nelson 389 Pincrest Drive Miami Springs, FL 33166 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gloria Maisonet P.O. Box 660534 Miami Springs, FL 33266-0534 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. Maisonet 7/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)

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