2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000072794 Apr 25, 2000 8:00 am Secretary of State THE MUSIC BUSINESS, INC. 04-25-2000 90051 033 ***150.00 Mailing Address Principal Place of Business 3900 NW 79TH AVENUE 3900 NW 79TH AVENUE STF 228 STE 228 MIAMI FL 33166 MIAMI FL 33166-6546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YEC, ALFONSO Street Address (P.O. Box Number is Not Acceptable) 5359 NW 106TH COUR **MIAMI FL 33178** Zip Code 8. The above named entity sub statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition PTD ☐ Delete TITLE TITLE MESA, IDALMIS NAME NAME STREET ADDRESS STREET ADDRESS 9410 SW 42ND STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition Change ☐ Delete TITLE TITLE NAME YEC, ALFONSO NAME STREET ADDRESS STREET ADDRESS 5359 NW 106TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition Change TITLE Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ergostrate and that my signature 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 SIGNATURE:

PPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #