

# 2001 UNIFORM BUSINESS REPORT (UBR)

0473833

DOCUMENT # P99000075771

1. Entity Name

MDJP MUSIC PRODUCTIONS, INC.

Principal Place of Business

685 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714-1838

Mailing Address

685 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714-1838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3595272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGAN, JOSEPH M  
685 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714-1838

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PD ☐ Delete  
NAME PAGAN, JOSEPH M  
STREET ADDRESS 685 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-1838

TITLE ☐ Change ☐ Addition  
NAME 200004195272-0  
STREET ADDRESS -05/11/01--01029--023  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE VD ☐ Delete  
NAME DUMAS, MIGUEL A  
STREET ADDRESS 1418 DOGWOOD COURT  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CHICARELLO, GARY M  
STREET ADDRESS 688 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CAPONE, ANTONIO  
STREET ADDRESS 1143 CROSS CREEK CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Pagan, President 4/26/2001

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
01 APR 30 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE