2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 06, 2000 8:00 am Secretary of State DOCUMENT # **P99000076684** 1. Entity Name MUSIC WORLD PRODUCTIONS, INC. 06-07-2000 90003 040 ***150.00 Principal Place of Business Mailing Address 7064 SOUTHWEST 158TH PATH 7064 SOUTHWEST 158TH PATH MIAMIFE 33193 MIAMI FL 33193-3468 2. Principal Place of Business 9588 5.W. Mailing Address Sr SAME Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FEL Number Applied For City & State City & State -0945934 M_1M Not Applicable 1,811 5. Certificate of Status Desired Country Country \$8.75 Additional Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** · [] Change TITLE Delete TITLE NAME ALVARADO, GEORGE NAME i. 7064 SOUTHWEST 158TH PATH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33193 Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP = CITY-ST-ZIP-Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received 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. ure required

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Daytime Phone #

Date