2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000076684 1. Entity Name MUSIC WORLD PRODUCTIONS, INC. 04-30-2001 90335 006 ***150.00 Principal Place of Business Mailing Address 9588 SW 40TH ST 9588 SW 40TH ST MIAMI FL 33165 MIAMI FL 33165 U\$ US 2. Principal Place of Business 4588 SW. 407 ST 3. Mailing Address Sonul Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Miami City & State City & State Applied For 4. FEI Number 65-0945934 U S D 3165 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 ALUARADO 65026E ALVARDU, GEORGE Street Address (P.O. Box Number is Not Acceptable 9588 SW 40TH STREET MIAMI FL 33165 Zip Code 33165 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 Fiorida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE **PSTD** ☐ Addition Change ☐ Delete TITLE ALVARADO, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 7064 SOUTHWEST 158TH PATH CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 five 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 emgiwered 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.

OFFICER OR DIRECTOR

4-23-2011