2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000081462 May 10, 2000 8:00 am **Secretary of State** SOLO LATINO MUSIC POOL, PRODUCTION & PROMOTIONS 05-10-2000 90139 019 ***150.00 Principal Place of Business Mailing Address 18 GUMTREE CT. 18 GUMTREE CT. WINTER SPRINGS FL 32708-3446 WINTER SPRINGS FL 32708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - N A Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, HUMBERTO Street Address (P.O. Box Number is Not Acceptable) 18 GUMTREE CT. WINTER SPRINGS FL 32708 Zip Code FL 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. SIGNATU nature 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 327U8 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 receiver or trustee ampowered 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (40)699-