2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P99000082672 NEW ERA SOUND, INC. 02-05-2001 90016 036 ***150.00 Principal Place of Business Mailing Address 2550 N.W. 72ND AVENUE 2550 N.W. 72ND AVENUE SUITE 313 SUITE 313 MIAMI FL 33122 MIAMI FL 33122 Mailing Address 2. Principal Place of Business **20** フ(フ) ブ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0948700 MANY Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired $\alpha \omega$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABIN, LILIANA R SR. 2550 N.W. 72ND AVENUE **SUITE 313** MIAMI FL 33122 y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00. _9. This corporation is eligible to satisfy its totangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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. PD ☐ Delete TITLE TITLE SABIN, DANIELA S R. NAME NAME STREET ADDRESS STREET ADDRESS 2550 N.W. 72ND AVENUE SUITE 313 CITY-ST-ZIP CITY-ST-7iP **MIAMI FL 33122** ☐ Addition Change TITLE ☐ Delete TITLE NAME SABIN, LILIANA M JR. NAME STREET ADDRESS STREET ADDRESS 2550 N.W. 72ND AVENUE SUITE 313 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** Change TITLE SD ☐ Delete TITLE Addition NAME SABIN, LILIANA R SR. NAME STREET ADDRESS 2550 N.W. 72ND AVENUE SUITE 313 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

3. 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. 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 repeiver of tristee 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

30 200 | Bos 7/696/C