

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000111248					
1. Entity Name HOT JWP MUSIC, INC.					
Principal Place of Business 715 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			Mailing Address C/O KIRKPATRICK & LOCKHART, LLP 201 S. BISCAYNE BLVD, 20TH FLOOR MIAMI, FL 33131		
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 65-0969641 Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KIRKPATRICK & LOCKHART, LLP 201 S. BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131.			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typewritten printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when necessary) DATE					
FILE NOW! FEE: \$450.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KLEIN, PAUL		NAME		
STREET ADDRESS	715 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NUSSBAUM, FRANK		NAME		
STREET ADDRESS	715 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	CFO	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	ZUCKER, STEVEN		NAME	CFO Claudio Domenech	
STREET ADDRESS	715 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	SCD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DOMENECH, CLAUDIA		NAME		
STREET ADDRESS	715 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SLADE-KLEIN, SHARON		NAME		
STREET ADDRESS	715 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and powers.					
SIGNATURE: _____ 4-29-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90126031



☐ CHECK HERE IF MAKING CHANGES

CR2EC04 (10/02)