FILED

954-964-5868

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

| DOCUMENT # S25266 1. Entity Name FORENSIC MUSIC, INC. | | | | | | Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90326 023 ***150.00 | | | | | |
|---|--|---|---------------------------------------|-------------------------------------|-------------------------------------|--|------------------------|---------------------|-------------------------|----------------------------|----------|
| Principal Place of Business 205 S 57TH AVENUE HOLLYWOOD FL 33023 | | Mailing Address 300 SEVILLA AVENUE. #305 CORAL GABLES FL 33134 | | | | | | | | | |
| | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address c/o R L Feldman, Esq. | | | | 1 1001(0) 1 | 10 11301 OILIO IIBIO I | tiin aili atati bil |)II 8 4811 BIBII | 84811 B1A11 (R.B. | |
| Suite, Apt. #, etc. | | 8900 SW 107 Ave., Suite 203 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat | te . | City & State Miami FL | | | 4. F | El Number | 65-024575 | 7 | | pplied For lot Applicab | |
| Zip | Country | 33176 | Country | SA | 5. C | Certificate of | Status Desired | | 8.75 Ad | lditional | 9 |
| | 6. Name and Address of Current F | | $\overline{}$ | | 7. N | ame and Ac | Idress of New F | | ee Require | 30 | \dashv |
| | | • | 1 | Name F | | AN, ROI | | | - | | |
| | n, robert l., esquire Lla avenue | Street Ar | | | 3900°SWoxI'07rbA is Not Acceptable) | | | | | | 7 |
| SUITE 30 | 5 | 4 1 3 % to | | Suite 203 | | | | • | | - | |
| CORAL G | ABLES FL 33134 | | (| City M | liami | 42. 11419 116 | | ##FL | Zin Soo | 7 6 ; ; | , |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: **TILE NOW!!! After May 1, 2002 Make Check Payable | | | | \$150.00 \$150.00 I be \$550. | quired when rei | 10. Election | on Campaign Fir | | | 00 May Be | |
| 11. | OFFICERS AND D | | 12. | | ADI | DITIONS/CH | ANGES TO OFF | ICERS AND I | DIRECTOR | |], |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST TAYLOR, RONALD D. 205 S. 57TH AVE. HOLLYWOOD FL 33023 | □ Delete | TITLE NAME STREET A CITY-ST- | | | | | | ☐ Change | ☐ Additio | in Color |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS FELDMAN, ROBERT L 300 SEVILLA AVE. #305 CORAL GABLES FL 33134 | ☐ Delete | TITLE NAME STREET A CITY-ST- | DORESS 8 | ELDMAN | W. 107 | th AVENUE | | (X) Change | ☐ Additio | n c |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET A CITY-ST- | | | - سيستعمرو | در سعو ساست | | Change | ☐ Additio | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET A CITY-ST- | 1 | | | | | ☐ Change | Additio | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET A CITY-ST- | | | | | - | Change | Additio | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-7 | ☐ Delicte | TITLE NAME STREET AI CITY-ST- | ZIP | | | , | • | ☐ Change | ☐ Addition | n |
| indicated of the cor | certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empov or on an attachment with an address, wi | rue and accurate and that my vered to execute this report as | signature | shall have | the same le | egal effect as | if made under | oath; that I an | n an officer | or director | f |