## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-\$1-7P

> information indicated or I am an officer or director



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # \$97042** 

(3)

CUBEROOT MUSIC PUBLISHING, INC.

Principal Place of Business Mailing Address 8502 SW 82ND TER 8502 SW 82ND TER MIAMI FL 33143-6663 MIAMI FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1991 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0301497 26 Not Applicable Suite Apt # etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zιο 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LLORD, MARIA 8502 SW 82ND TER Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143 B3** 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signston typical or printed name or registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PS Addition TITLE DELETE 1.1 TITLE Change LLORD, MARIA NAME 12 NAME 8502 SW 82ND TERRACE 13 STREET ADDRESS STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAM: 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY ST-ZIP 5.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 61 TITLE NAME 62 NAME

appears in Block **SIGNATURE** 

14. I do 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

6.3 STREET ADDRESS

this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that only the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 4 CHTY - ST - ZIP

96/6) CR2E034

**FILED** 

Jan 23 1997 8:00am

Secretary of State