

FILED  
May 03, 2004 08:00 AM  
Secretary of State

ATX1

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> V11857			
<b>1. Entity Name</b>			
BAYSIDE MUSIC INC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
5910 SW 24 STREET		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
MIAMI, FL		SAME	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33155-2206	USA	SAME	USA
<b>4. FEI Number</b>		<b>Applied For</b>	
65-0311717		Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b>			
TRIAY MIGUEL E			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
5910 SW 24 ST			
<b>City</b>		<b>FL</b>	<b>Zip Code</b>
MIAMI			33165
<b>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.</b>			
<b>SIGNATURE</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			
<b>9. Election Campaign Financing</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>PRESIDENT DIRECTOR</b>	<b>TITLE</b>	
<b>NAME</b>	<b>MIGUEL E TRIAY</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>5910 SW 24 ST</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33165</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>11.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b>		<b>MIGUEL E TRIAY PRESIDENT</b>	<b>4/29/2003</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #