2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90026 045 ***150.00

DOCUMENT # G77086

1. Entity Name
INDEPENDENT RECORD CORPORATION

54012956

Principal Place of Business	Mailing Address
C/O BETTE KESTER CONRAD, ESQ. 777 S. FLAGLER DR. STE 500 WEST PALM BEACH, FL 33401	C/O BETTE KESTER CONRAD, ESQ. 777 S. FLAGLER DR. STE 500 WEST PALM BEACH, FL 33401

02102004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2388034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAN ANDEL, PETER
777 S. FLAGLER DRIVE
SUITE 500
W PALM BCH., FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SOKOL, ALBERT J.
STREET ADDRESS	319 EL VEDADO
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	SOKOL, ALBERT J.
STREET ADDRESS	319 EL VEDADO
CITY-ST-ZIP	PALM BEACH, FL
TITLE	S
NAME	KENNY, LISE
STREET ADDRESS	~~219~~ E. LAKEWOOD RD 312 Correction
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Lise Kenny as Secretary 2/19/04 561-820-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #