FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90150 001 ***450.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000007134 1. Entity Name
STRAIGHT UP RECORDS, INC. 55038061 Principal Place of Business. Mailing Address 17366 S DIXIE HWY PERRINE, FL 33157 17366 S DIXIE HWY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 3638175 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAW OFFICES OF MARVIN D. WILSON, SR. P.A. 17366 S DIXIE HWY PERRINE, FL 33167 Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Regestral Agent Espaces required when sinstating) FILE NOWILL FEEL IS \$150.00
After May 1 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS 9. Election Campaign Financing \$5.00 May Be П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete 1016 ☐ Change Addition WILSON, MARVIN D SR 17366 S DIXIE HWY NAME NAME STREET ADDRESS STREET ADDRESS PERRINE, FL 33167 CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WILSON, MARVIN D SR 17366 S DIXIE HWY STREET ADDRESS CITY-ST-ZP PERRINE, FL 33157 CRY-53-21P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CSY-53-21P TITLE Delete 1016 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CffY-51-ZiP CHY-SI-ZP TITLE IIILE T Delete □ Change Midition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-51-2# CITY-ST-ZIP TITLE Ociete NAME STREET ADDRESS CITY-ST-ZP CMY-S1-ZIP 12. I hereby certify that the information supplied with this filling 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 13.5) 236-9900 SIGNATURE: _<