


FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000003954

1. Entity Name
U & L RECORDS, INC.



Principal Place of Business Mailing Address
2810 HACKNEY ROAD **2810 HACKNEY ROAD**
WESTON, FL 33331 **WESTON, FL 33331**

40035983



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1617 Cosmo Street **7320 Griffin Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 310 **Ste. 216**
City & State City & State

02192008 Chg-P CR2E034 (12/08)

Los Angeles, CA **Davie, FL**
Zip Country Zip Country
90028 **US** **33314** **US**

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Declared \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STUART A. TELLER, P.A.
7320 GRIFFIN ROAD
SUITE 216
DAVIE, FL 33314

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST URBAND & LAZAR PUBLISHING, INC. 2810 HACKNEY ROAD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST URBAND & LAZAR MUSIC PUBLISHING 1617 Cosmo Street, Ste. 310 Los Angeles, CA 90028 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without the empowered.

SIGNATURE: **X** *Stuart A Teller* 2/22/08 (323) 230-6592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone