

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90070 014 ****61.25

DOCUMENT # P17946

1. Entity Name

SOCIETY OF PROFESSIONAL AUDIO RECORDING SERVICES

Principal Place of Business 4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US	Mailing Address 4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number **23-2321746** Applied For Not Applied

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

6. Name and Address of Current Registered Agent

KAYE, SHIRLEY P
 4300 10TH AVE., N.
 LAKE WORTH FL 33461

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	COB <input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, PAUL
STREET ADDRESS	6340 LANGE CR.
CITY-ST-ZIP	DALLAS TX 75214
TITLE	S <input type="checkbox"/> Delete
NAME	THRALL, ZOE
STREET ADDRESS	441 W. 53 STREET
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	COB <input checked="" type="checkbox"/> Delete
NAME	KOBAYASHI, TOM
STREET ADDRESS	ONE UNION ST
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	VP <input type="checkbox"/> Delete
NAME	DAVIS, STEVE
STREET ADDRESS	535 PLAGMOUR DRIVE
CITY-ST-ZIP	ATLANTA GA 30324
TITLE	COB <input checked="" type="checkbox"/> Delete
NAME	TARSIA, MICHAEL
STREET ADDRESS	212 N 12 ST
CITY-ST-ZIP	PHILADELPHIA PA 19107
TITLE	T <input type="checkbox"/> Delete
NAME	AMLEN, DAVID
STREET ADDRESS	322 WEST 45 STREET
CITY-ST-ZIP	NEW YORK NY 10036

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P. MICHAEL TARSIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL TARSIA
STREET ADDRESS	212 N. 12 ST.
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	COB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL CHRISTENSEN
STREET ADDRESS	6340 LANGE CR.
CITY-ST-ZIP	DALLAS, TEXAS 75214
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE NEIL
STREET ADDRESS	1922 PIEDMONT CR. NE
CITY-ST-ZIP	ATLANTA, GA 30324
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: DAVID AMLEN **1-17-00** **(212) 757-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #