## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State P96000054960 DOCUMENT # 1. Entity Name 1 DUR RECORDS CORPORATION 05-28-2002 91653 007 \*\*\*150 00 Principal Place of Business Mailing Address 675 THIRD AVE- 3RD FLR / 292 S. COUNTY RD C/O PRAGER & PENTON. STE 213 NEW YORK NY 10017 -PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0724095 V Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLAVIN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 4440 PGA BLVD SUITE 402 PALM BEACH GARDENS FL 33410 City Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE DUTT, NICOLE DURR, NICOLE NAME do Prager + Fenton 675 Third Ive 675 THIRD AVE- 3RD FLR STREET ADDRESS STREET ADDRESS NEW YORK NY 10017 CITY-ST-ZIP New York NY 10017 CITY-ST-ZIP Delete TITI F TITLE Bielski, Karen BIELSK, KAREN NAME NAME 292 S. COUNTY ROOD - SUITE 213 292 S. CUTNY RD -STE 213 STREET ADDRESS STREET ADDRESS Palm Bench FL 33480 PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

STREET ADDRESS

CITY-ST-ZIP

FILED