

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 050 ***158.75

DOCUMENT # P02000034770

1. Entity Name
XCLUSIV RECORDS, INC.

N/C



Principal Place of Business Mailing Address

1001 N MARTIN LUTHER KING AVE **1001 N MARTIN LUTHER KING AVE**
APT 2 BLDG 4 **APT 2 BLDG 4**
CLEARWATER, FL 33755 **CLEARWATER, FL 33755**

54069801



2. Principal Place of Business 3. Mailing Address

1001 N Martin Luther King Ave *1001 N Martin Luther King Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Apt 402 Bldg 4 *Apt 402 Bldg 4*

08032004 Chg-P CR2E034 (10/03)

City & State City & State

Clearwater, FL 33755 *Clearwater, FL 33755*

Zip Country Zip Country

33755 *Pinellas* *33755* *Pinellas*

4. FEI Number Applied For

41-2062142 Not Applicable

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

6. Name and Address of Current Registered Agent

JERRIDO, MICHAEL
1001 MARTIN LUTHER KING AVE
APT BLDG 4
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT <input type="checkbox"/> Delete
NAME	JERRIDO, MICHAEL
STREET ADDRESS	1001 N MARTIN LUTHER KING AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD <input type="checkbox"/> Delete
NAME	ALDRIDGE, DORIAN
STREET ADDRESS	822 EAST LAKE CLUB DR
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Michael Jerrido* 8/10/04 (727) 215-6378

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