

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 012 ***150.00

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02072006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000102917 1. Entity Name OFFBEAT RECORDS & CD'S, INC.					
Principal Place of Business 51 SOUTH STATE ROAD 7 PLANTATION, FL 33317			Mailing Address 51 SOUTH STATE ROAD 7 PLANTATION, FL 33317		
Principal Place of Business 2351 College Station Rd Suite, Apt. #, etc. #572		3. Mailing Address 2351 College Station Rd Suite, Apt. #, etc. #572			
City & State Athens, GA		City & State Athens, GA 30605		4. FEI Number 65-0965669	
Zip 30605		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.C. BERGMAN, CPA 7451 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD ROSS, ALAN 51 SOUTH STATE ROAD 7 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Ross, Alan 2351 College Station Rd, #572 Athens, GA 30605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROSS, SHEILA 51 SOUTH STATE ROAD 7 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Ross, Sheila 2351 College Station Rd, #572 Athens, GA 30605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 all other like empowered.

SIGNATURE: Sheila Ross Vice-President 2/7/06 954-316-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #