


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90035 043 ***150.00

DOCUMENT # P02000034770
1. Entity Name
Real Recordings, Incorporated



DO NOT WRITE IN THIS SPACE

90130757

2. Principal Place of Business <u>1001 N Martin Luther King Ave</u> Suite, Apt. #, etc. <u>APT. 2 BLDG 4</u> City & State <u>Clearwater, FL</u> Zip <u>33755</u> Country		3. Mailing Address <u>1001 N Martin Luther King Ave</u> Suite, Apt. #, etc. <u>APT. 2 BLDG 4</u> City & State <u>Clearwater, FL</u> Zip <u>33755</u> Country	
---	--	---	--

4. FEI Number <u>41-2062142</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jerrido Michael

Street Address (P.O. Box Number is Not Acceptable)
1001 N Martin Luther King Ave Apt 2 Bldg 4

City
Clearwater FL Zip Code
33755

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 re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. REGISTERED AGENTS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PT Jerrido Michael 1001 N Martin Luther King Ave Clearwater, FL 33755</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD Aldridge Dorian 822 East Lake Club Dr Oldsmar, FL 33769</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Jerrido DATE: 4/28/03 DAYTIME PHONE #: (727) 215-6378

CR2E034B (12/02)