2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

407 LINCON ROAD. #10-R

2. Principal Place of Business

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

Zip

F02000003454

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

407 LINCON ROAD, #10-R

MIAMI BEACH FL 33139

1. Entity Name

LIBRA RECORDS, INC.



7.

Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90014 005 ***150.00

FILED

60004491

	CHECK HERE I	F MAKI	NG CHANGES				
4.	FEI Number 11-3076389		Applied For				
	11.201.0209		Not Applicable				
5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
7.	Name and Address of New Re	gistere	d Agent				

MAIDBREY, JESSE Street Address (P.O. Box Number is Not Acceptable) 407 LINCON ROAD, #10-R MIAMI BEACH FL 33139 8. The above named entity submits this statement for the purpose of changing its register

	Other		
	City	Fi	Zip Code
		1	
: E	ed office or registered agent, or both, in the State of Florida.	I am fam	niliar with, and accept

the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Country

Name

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

\$5.00 May Be

				1			<i>,</i>	-touet	i to rees
10.	OFFICERS AND DIRECTOR	RS	11.	ADE	NTIONS (CLIANS	TO 055			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIDBREY, JESSE 2 GROVE ISLE DRIVE, #502 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADL	ITIONS/CHANGES	TO OFFICERS	AND DIREC		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· _ ·		-	Cha	inge	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this fill and	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge	Addition

Thereby 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 eath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: