

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G95382

1. Entity Name
SPOTS RECORDING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 023 ***150.00

Principal Place of Business Mailing Address
1001 NW 62 ST. SUITE 405 1001 NW 62 ST. SUITE 405
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-1951

2. Principal Place of Business 3. Mailing Address
871 W McNAB ROAD 871 W McNAB ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
POMPAHO BEACH POMPAHO BEACH
Zip 33060 Country USA Zip 33060 Country USA

4. FEI Number 65-0000334 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABESKIS, ROBERT A
711 LYONS RD, 14106 901 NW 49 WAY
COCONUT CREEK FL 33063

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.

SIGNATURE *Robert A Labeski* DATE 4/25/2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LABESKIS, ROBERT	
STREET ADDRESS	711 LYONS RD, 14106	
CITY-ST-ZIP	COCONUT CREEK FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	901 NW 49 WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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.

SIGNATURE: *Robert A Labeski* ROBERT LABESKIS X 4/25/2000 (954) 784-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #