

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # J81120

1. Entity Name  
CONVENTION RECORDINGS INTERNATIONAL, INC.



Principal Place of Business

6983 SUNSET DRIVE SOUTH  
SUITE A  
ST. PETERSBURG, FL 33707-2817

Mailing Address

6983 SUNSET DRIVE SOUTH  
SUITE A  
ST. PETERSBURG, FL 33707-2817



03082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2820828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARTIN, STEVE  
6983 SUNSET DRIVE SOUTH  
SUITE A  
ST PETERSBURG, FL 34643

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000857502  
04/01/08-80008-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MARTIN, STEVE  
STREET ADDRESS 6983 SUNSET DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE D  
NAME MARTIN, RANDI  
STREET ADDRESS 6983 SUNSET DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE D  
NAME GOULD, BEVERLY  
STREET ADDRESS 6983 SUNSET DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE D  
NAME GOULD, FRANK  
STREET ADDRESS 6983 SUNSET DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08 727 345-8288

Date

Daytime Phone #