

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90471 032 ***158.75

DOCUMENT # K61747

1. Entity Name
ATTITUDE RECORDS, INC.

Principal Place of Business

**2071 EMERSON ST #16
 JACKSONVILLE FL 32207**

Mailing Address

**2071 EMERSON ST #16
 JACKSONVILLE FL 32207**

2. Principal Place of Business

P.O. Box 56977

3. Mailing Address

P.O. Box 56977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

32241

Country

USA

Zip

32241

Country

USA

4. FEI Number **59-2930422**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, JEFF

2071 EMERSON ST

JACKSONVILLE FL 32207

Name

COHEN, JEFF

Street Address (P.O. Box Number is Not Acceptable)

1409 KINGSLEY AVENUE, SUITE 14-C

ORANGE PARK

FL

32073

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
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

TITLE **PST** ☐ Delete
 NAME **COHEN, JEFF**
 STREET ADDRESS **2071 EMERSON ST #16**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **COHEN, JEFF**
 STREET ADDRESS **POST OFFICE BOX 56977**
 CITY-ST-ZIP **JACKSONVILLE FL 32241-6977**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)