

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90199 037 \*\*\*558.75

**DOCUMENT # K83854**

1. Entity Name  
**RECORDS SEARCH, INC.**

Principal Place of Business  
**6365 TAFT ST**  
**#2000**  
**HOLLYWOOD FL 33024**  
**US**

Mailing Address  
**250 WEST 57TH STREET**  
**SUITE 2421**  
**NEW YORK NY 10019**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0119898**

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

~~CORPORATION SERVICE COMPANY~~  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME **CD THOMAS, IAN** ☐ Delete  
STREET ADDRESS **250 WEST 57TH STREET, STE. 2421**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **Assistant Treasurer** ☐ Change ☒ Addition  
NAME **JoAnn Hale**  
STREET ADDRESS **4500 S. 129th E. Ave., Suite 200**  
CITY-ST-ZIP **Tulsa, OK 74134-5885**

TITLE  
NAME **P BUENO, ALBERT** ☐ Delete  
STREET ADDRESS **6365 TAFT STREET, STE. 2000**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE  
NAME **TVD HUNT, STEVE** ☐ Delete  
STREET ADDRESS **250 WEST 57TH STREET, STE. 2421**  
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE  
NAME **SVD MEYER, BRIAN** ☐ Delete  
STREET ADDRESS **250 WEST 57TH STREET, STE. 2421**  
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*JoAnn Hale* **SIGNATURE REQUIRED** **D. HALE CFO** **7/23/02** **918-664-9991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)