

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34122

1. Entity Name

HOLLYWOOD RECORDING STUDIOS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90069 031 \*\*\*150.00

Principal Place of Business

~~3130 S.W. 19TH ST. STE 448~~  
~~PEMBROKE PARK FL 33009~~

Mailing Address

1529 SW 19TH AVE  
FORT LAUDERDALE FL 33312-4136  
US

2. Principal Place of Business

3. Mailing Address

1529 SW 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT LAUD FL

City & State

City & State

FT. LAUD FL

Zip

Country

Zip

Country

33312

USA

4. FEI Number 65-0160074

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

RICKER, WAYNE  
1529 SW 19TH AVE  
FORT LAUDERDALE FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

WAYNE RICKER

4-28-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------|----------------------------|------------------------|---------------------------------|
| P     | RICKER, WAYNE | 3130 S.W. 19TH ST. STE 448 | PEMBROKE PARK FL 33009 | <input type="checkbox"/>        |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE | NAME          | STREET ADDRESS             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

WAYNE RICKER

4/28/00

Date

954-522-3137

Daytime Phone #

CR2E034 (9/99)