

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M91873

1. Entity Name
UNITY GAIN RECORDING STUDIO, INC.



Principal Place of Business

1953 FORD AVE
FORT MEERS, FL 33901 US

Mailing Address

1953 FORD AVE
FORT MEERS, FL 33901-7131 US



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0063123

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IANNUCCI, ANTHONY
4361 GARDNER DR
PORT CHARLOTTE, FL 33952

**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)

Anthony Iannucci

01/07/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
IANNUCCI, BART
3348 TRINIDAD CT
PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
IANNUCCI, ANTHONY B.
4361 GARDNER DR
PT. CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000178219
01/12/05-80018-020 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Bart Iannucci **Bart Iannucci**

01/07/05

Date

239-332-4246

Daytime Phone #