

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-11-2003 90097.023 ****70.00
N02000006597

DOCUMENT # N02000006597

1. Entity Name

ACTSION RECORDS, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -1 AM 8:00

Principal Place of Business
1009 S FISKE BLVD. STE 107
ROCKLEDGE FL 32955

Mailing Address
1009 S FISKE BLVD. STE 107
ROCKLEDGE FL 32955

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

04-3675179

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

MR

6. Name and Address of Current Registered Agent

JONES, SYLVESTER
1009 S FISKE BLVD, STE 107
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	JUSTIN T. JONES	STREET ADDRESS	808 TOPAZ DR	CITY-ST-ZIP	ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE	D	NAME	ROBERT K. JONES	STREET ADDRESS	808 TOPAZ DR	CITY-ST-ZIP	ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE	T	NAME	JOYCE D. JONES	STREET ADDRESS	808 TOPAZ DR	CITY-ST-ZIP	ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE	T	NAME	MAURICE NEWTON	STREET ADDRESS	1495 WELLINGTON CIR	CITY-ST-ZIP	ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE	T	NAME	MERTYCE WILSON	STREET ADDRESS	1009 S. FISKE BLVD	CITY-ST-ZIP	ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/03 543-1386

Date

Daytime Phone #

CR2E037 (4/03)