

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 005 ***150.00

DOCUMENT # **P00000005764**

1. Entity Name

SLAPHAPPY DOG RECORDS, INC.

Principal Place of Business

**2101 BRICKELL AVE
#321
MIAMI, FLA 33129
USA**

Mailing Address

**2101 Brickell Ave
#321
MIAMI, FLA 33129
USA**

2. Principal Place of Business

**251 GALEN DRIVE
Suite, Apt. #, etc.
#205**

3. Mailing Address

**251 GALEN Drive
Suite, Apt. #, etc.
#205**

City & State

**KEY BISCHAYNE, FLA
Zip
33149
Country
USA**

City & State

**KEY BISCHAYNE, FLA
Zip
33149
Country
USA**

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

A0042047

6. Name and Address of Current Registered Agent

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.

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, 2001 - 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	EDMOND J. RYAN, aka MAX RYAN	
STREET ADDRESS	251 GALEN DRIVE #205	
CITY-ST-ZIP	KEY BISCHAYNE FLA 33149	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	DANNY ZIRPOLI	
STREET ADDRESS	1628 Browning Street	
CITY-ST-ZIP	SARASOTA, FLA 34	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edmond J. Ryan** **EDMOND J. RYAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
Date

305-5865719
Daytime Phone #

CR2E034 (11/00)