

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90062 029 \*\*\*150.00

DOCUMENT # **P00000005764**  
 1. Entity Name  
**SLAPHAPPY DOG RECORDS, Inc**

Principal Place of Business Mailing Address  
**251 GALEN Drive #205 251 GALEN Drive #205**  
**KEY BISCAYNE, FLA KEY BISCAYNE, FLA**  
**33149 33149**

425171

2. Principal Place of Business 3. Mailing Address  
**2011 Englewood Rd 2011 Englewood Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite A Suite A**  
 City & State City & State  
**Englewood FLA Englewood FL**  
 Zip Country Zip Country  
**34223 USA 34223 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0989385** 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  
**Edmond J. RYAN** Name  
**2011 Englewood Rd, Suite A** Street Address (P.O. Box Number is Not Acceptable)  
**Englewood, FLA 34223** 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 **Edmond J. Ryan** DATE **2/8/02**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <b>Edmond J. RYAN</b> <b>251 GALEN Drive, #205</b> <b>KEY BISCAYNE, FLA 34223</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <b>Edmond J. RYAN</b> <b>2011 Englewood Rd, Suite A</b> <b>Englewood, FLA 34223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <b>DANNY ZIRPOLI</b> <b>1680 Colleen Street</b> <b>SARASOTA, FLA 34236</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <b>DANNY ZIRPOLI</b> <b>2717 Browning Street</b> <b>SARASOTA, FLA 34237</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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** DATE **2/8/02** 941-4747771  
 Signature, typed or printed name of signing officer or director

CR2E034 (11/00)