## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P00000031056 1. Entity Name MOUTH WORLD RECORDS, INC. 05-19-2002 90036 010 \*\*\*150 00 Principal Place of Business Mailing Address 1324 S.W. 44TH AVENUE P.O. BOX 16388 FT. LAUDERDALE FL 33317 PLANTATION FL 33318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0994871 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, JERMAINE A Street Address (P.O. Box Number is Not Acceptable) 1324 S.W. 44TH AVENUE FT. LAUDERDALE FL 33317 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 : Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCEO ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 NAME DEAN, JERMAINE A NAME STREET ADDRESS 1324 S.W. 44TH AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33317 CITY-ST-7IP TITLE ☐ Delete TITLE Cone of Operating Officer Ochange NAME PHILLIPS, SUNDAY NAME STREET ADDRESS 324 SW 44 AVE Diantation, FC 1324 S.W. 44TH AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33317 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attain then with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02 954295-94 Date Dayline Phone #

FILED