2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 14, 2001 8:00 am
Secretary of State
02-21-2001 90067 003 ***150.00

DOCUMENT # P00000036819

1. Entity Name
COMPLEX RECORDS, INC.

Principal Place of Business	Mailing Address
3700 S.W. 27TH ST., STE. C203 GAINESVILLE FL 32608	3700 S.W. 27TH ST., STE. C203 GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2800 SW 35th Place		P.O Box 142203	
Suite, Apt. #, etc. #1406-D		Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32608	Country U.S.A	Zip 32608	Country U.S.A

4. FEI Number 59-3641764 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORDONEZ, ANDRE
3700 S.W. 27TH ST., STE. C203
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name Angel Ordonez
Street Address (P.O. Box Number is Not Acceptable)
2800 SW 35th Place, #1406
City Gainesville FL Zip Code 32608

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]
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President [P] NAME Angel Ordonez STREET ADDRESS 2800 SW 35th Place, #1406 CITY-ST-ZIP Gainesville, FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 1/24/01 352-264-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #