

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90010 027 ***150.00

908500

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000040538			
1. Entity Name COUNTERFLOW RECORDINGS, INC.			
Principal Place of Business 15952 SW 138TH TERRACE MIAMI FL 33196		Mailing Address 15952 SW 138TH TERRACE MIAMI FL 33196	
2. Principal Place of Business 15315 N.W. 60TH AVE		3. Mailing Address 15315 N.W. 60TH AVE	
Suite, Apt. #, etc. 105 G		Suite, Apt. #, etc. 105 G	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.
4. FEI Number 05-1024426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOX, ANTHONY 16 NW 42ND TERRACE PLANTATION FL 33317		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD DOMINGUEZ, DANIEL L 15952 SW 138TH TERRACE MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		04/26/2001 305-556-6326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone If	

CR2E034 (10/00)