

2001 UNIFORM BUSINESS REPORT (UBR)

DPK wtz

DOCUMENT # P0000040743

1. Entity Name
Silent Records, Inc.

FILED

01 OCT 24 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1435 Arrowhead Trail
Enterprise, FL 32725

Mailing Address
1435 Arrowhead Trail
Enterprise, FL 32725

2. Principal Place of Business

3. Mailing Address

4. FEI Number
59-3651414

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
Ledford, Christian A.
1435 Arrowhead Trail
Enterprise, FL 32725

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Ledford, Christian A. 1435 Arrowhead Trail Enterprise, FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

200004674732
-11/13/01--01004--017
****150.00****150.00

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE** 10/18/01 **Daytime Phone #** 407-843-5775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)

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SILENT RECORDS, INC.
1435 ARROWHEAD TRAIL
ENTERPRISE, FLORIDA 32725
407-843-5775 EXT 13

October 18, 2001

Florida Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Reference: P00000040743

To Whom It May Concern:

Please find enclosed the 2001 Uniform Business Report and a check in the amount of \$150.00.

My taxes were just prepared and upon review of my corporate book, my accountant observed and questioned the whereabouts of the above referenced report. The 2001 report was not sent to me by the Division of Corporations. Therefore, my accountant printed the annual report from the Division of Corporations web site and completed the form.

I would like to request a waiver of any additional costs in order to renew this corporation. Thank you for your consideration to this request.

Sincerely,



Christian A. Ledford
President