2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90262 006 ***150.00

AIIIOAL III. OIII			
OCUMENT # P0000040743		04-12	
Entity Name			
ILENT RECORDS, INC.	El Republica		

1. Entity Name	MENT # P00000040 ECORDS, INC.	743		04-12-2004	90262 006 ***150.00					
Principal Place 1435 ARROW ENTERPRISE,	HEAD TRAIL	Mailing Address 1435 ARROWHEAD TRAIL ENTERPRISE, FL 32725		1	H02 699 3					
100 W	ace of Business Livingston St.	3. Mailing Address 100 W. Livino Suite, Apt. #, etc.	yston St.							
		230		04072004 Chg-P	CR2E034 (10/03)					
City & State		City & State		4. FEI Number	Applied For					
ORIAN	odo, Florida		Loeida .	59-3651414	Not Applicable \$8.75 Additional					
3280			0.S.A.	5. Certificate of Status Desired	Fee Required					
	6. Name and Address of Current			~7.º Name and Address of New	Registered Agent					
1435 ARR	, CHRISTIAN A OWHEAD TRAIL ISE, FL 32725			P.O. Box Number is Not Acceptate						
			100 W	1. Livingston	St. #230					
			City OR	ando '	FL Zip Code 32801					
	named entity submits this statement for				Florida. I am familiar with, and accept					
the obligati	ions of registered agent.		tian Ledfor	d	11/2/21					
SIGNATURE	Signature, typed or printed name of registered egents	Professional (NOTE Box	S -, listered Agent signature require	d when reinstating)	7/1/D9					
	Signature, types or printed name or register as against	and the approach. (Notice the	istorios rigant seguntos roquino		, one					
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		ion. L. Add	J.00 May Be ded to Fees	TIOTES AND DIDEOTODO IN A					
10.	OFFICERS AND	Delete	TITLE DP	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11 Change Addition					
NAME STREET ADDRESS CITY-ST-ZIP	LEDFORD, CHRISTIAN A 1435 ARROWHEAD TRAIL ENTERPRISE, FL 32725	r Denate	NAME STREET ADDRESS 100	ristian A. Led W. Livingston	tord st. #230					
TITLE /	ENTERPRISE, PL 32723	☐ Delete	TITLE	dando, FZ 32	Change Addition					
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition					
12. I hereby indicated	Certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empty, or on an attachment with an address,	s true and accurate and that my s	exemption stated in S	same legal effect as if made unde	er oath: that I am an officer or director					
CICNAT	TUDE:)	4/2/011.	1/02 200 -201					
SIGNAT	SIGNATURE AND TYPED OR	PRINTED HAME OF BIGNING OFFICER OFF	MRECTURE	Date	フリノー(リカラング) Daytime Phone #					
3				Christian Ledford						