

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90072 019 \*\*\*158.75

760082



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000081199**

1. Entity Name  
**WIDER WORLD RECORDS, INC.**

Principal Place of Business <b>5604 N. 32ND ST.          TAMPA FL 33610</b>	Mailing Address <b>5604 N. 32ND ST.          TAMPA FL 33610</b>
--	--

2. Principal Place of Business <b>5229 Sonora Ct.</b>		3. Mailing Address <b>5229 Sonora Ct.</b>	
Suite, Apt. #, etc. <b>Apt. 3 Bldg. 26</b>		Suite, Apt. #, etc. <b>Apt. 3 Bldg. 26</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33617</b>	Country <b>US</b>	Zip <b>33617</b>	Country <b>US</b>

4. FEI Number <b>593672395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAMPTON, COREY**  
**5604 N. 32ND ST.**  
**TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name **Corey Hampton**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5229 Sonora Ct. Apt 3 Bldg. 26**  
 City **Tampa** FL Zip Code **33617**

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 *C.D. Hampton* (NOTE: Registered Agent signature required when reinstating) DATE **04-27-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS HAMPTON, COREY 5604 N. 32ND ST. TAMPA FL 33610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CROWE, KEVIN 906 W. MERCER LOOP PLANT CITY FL 33567</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS Corey Hampton 5229 Sonora Ct. Apt 3 Bldg 26 Tampa, FL 33617</b>	<input checked="" 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
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

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: *C.D. Hampton* **04-27-01** **813-679-6934**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)