

2001 UNIFORM BUSINESS REPORT (UBR)

4/26/1

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90029 036 ***158.75

DOCUMENT # P00000091935

1. Entity Name
DILLINGER'S RECORDS, INC.

Principal Place of Business
**1175 NE MIAMI GARDENS DR. SUITE 303E
 NORTH MIAMI BEACH FL 33179**

Mailing Address
**1175 NE MIAMI GARDENS DR. SUITE 303E
 NORTH MIAMI BEACH FL 33179**

44224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1175 NE MIAMI GARDENS DR.

3. Mailing Address
SAME

Suite, Apt. #, etc.
303E

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL.

City & State

4. FEI Number
65-1069791

Applied For
 Not Applicable

Zip
33179

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNAUD, CHARLES J.
 1175 NE MIAMI GARDENS DR, SUITE 303E
 NORTH MIAMI BEACH FL 33179**

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 (NOT Registered Agent's signature required when re-registering)

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	CHARLES J. ARNAUD <input type="checkbox"/> Delete 1175 NE MIAMI GARDENS DR. 303E NORTH MIAMI BEACH, FL. 33179 CHIEF EXECUTIVE OFFICER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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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 19.07(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: Charles J. Arnaud **CHARLES J. ARNAUD** 4/20/01 **305-274-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (10/00)