FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2005 8:00 am
Secretary of State
05-20-2005 90033 005 ***150.00

DOCUMENT # P05000094897

1. Entity Name: Winning Team Records, Inc

DO NOT WRITE IN THIS SPACE

66024164
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
3271 N.W. 103 TERR.	3271 N.W. 103 TERR	65-1046615	No. Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: SUNRISE, FL	City & State: SUNRISE, FL		
Zip: 33351 Country: USA	Zip: 33351 Country: USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DON FALLEMBAUM CPA
Street Address (P.O. Box Number is Not Acceptable): 8581 W. MCNAB Rd
City: TAMARAC FL Zip Code: 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 6/5/05

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/CEO TREVOR R. WALLACE 3271 N.W. 103 TERRACE SUNRISE FL. 33351	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or in an attachment with an address, with all other like empowered.

SIGNATURE: Wallace TREVOR R. WALLACE 954914-4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone