

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000103551**1. Entity Name  
**BLACK 6 RECORDS INC.****Principal Place of Business**

8637 PISA DR #10210

ORLANDO  
32810

FL

**Mailing Address**

8637 PISA DR #10210

ORLANDO  
32810

FL

**2. Principal Place of Business**

513 PARKWOOD DR

**3. Mailing Address**

513 PARKWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ALTAMONTE SPRINGS

FL

**City & State**

ALTAMONTE SPRINGS

FL

Zip  
32714Country  
USZip  
32714Country  
US**4. FEI Number****59-3680454**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE SUITE 1114**MIAMI BEACH  
33139

US

FL

**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 \_\_\_\_\_ **02/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MILLS KAREEM               |                                 |
| STREET ADDRESS | 8637 PISA DR #10210        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32810           |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | ROWE JULIAN                |                                 |
| STREET ADDRESS | 3850 COUNTRY CLUB DR E 104 |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32808           |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MOBLEY FREDDIE             |                                 |
| STREET ADDRESS | 8637 PISA DR #10210        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32810           |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MILLS KAREEM               |  |
| STREET ADDRESS | 513 PARKWOOD DR            |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MOBLEY FREDDIE             |  |
| STREET ADDRESS | 513 PARKWOOD DR            |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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:** Freddie Mobley

D

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)