

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90273 014 \*\*\*150.00

**DOCUMENT # P00000116232**

1. Entity Name  
**RED-HANDED RECORDS, INC.**

Principal Place of Business  
**611 9TH AVE. SOUTH**  
**JACKSONVILLE FL 32250**

Mailing Address  
**3948 SO 3RD ST, PMB 316**  
**JACKSONVILLE FL 32250**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3948 So. 3rd ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 316**

City & State

City & State

**JACKSONVILLE Beach, FL**

Zip

Country

Zip

Country

**32250**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

**BARLOW, BECKY**  
**233 E. BAY ST.**  
**JACKSONVILLE FL 32202**

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

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, 2002 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 **D**  
 NAME **BARLOW, R. CASH**  
 STREET ADDRESS **611 9TH AVE. SOUTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **D/P**  
 NAME **BARLOW, R. CASH**  
 STREET ADDRESS **3948 So. 3rd ST, PMB 316**  
 CITY-ST-ZIP **JACKSONVILLE Beach, FL 32250**

TITLE **VP/D/S/T**  
 NAME **Schoenhofen MARK T.**  
 STREET ADDRESS **212 N. MARKET SUITE 510**  
 CITY-ST-ZIP **WICHITA, KANSAS 67202**

TITLE **VP/D/S/T**  
 NAME **Schoenhofen MARK T.**  
 STREET ADDRESS **212 N. MARKET SUITE 510**  
 CITY-ST-ZIP **WICHITA, KANSAS 67202**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**904-270-2226**

Daytime Phone #

CR2E034 (9/01) 32