

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91739 029 ***158.75

DOCUMENT # P01000011525

1. Entity Name

WARPED RECORDZ, INC

Principal Place of Business

641 SHETLAND CR
 NOKOMIS FL 34275

Mailing Address

641 SHETLAND CR
 NOKOMIS FL 34275

2. Principal Place of Business

2803 INDIANWOOD DR
 Suite, Apt. #, etc.

3. Mailing Address

2803 INDIANWOOD DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

61-1404070

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAO, JAE
 641 SHETLAND CR
 NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name: CHO, JAE
 Street Address (P.O. Box Number is Not Acceptable)
 2803 INDIANWOOD DR
 City: SARASOTA FL Zip Code: 34232

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

TITLE: DP
 NAME: CHAO, JAE
 STREET ADDRESS: 641 SHETLAND CR
 CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: DS
 NAME: LANE, KERRY
 STREET ADDRESS: 641 SHETLAND CR
 CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
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 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
 NAME: CHO, JAE
 STREET ADDRESS: 2803 INDIANWOOD DR
 CITY-ST-ZIP: SARASOTA FL 34232

TITLE: _____
 NAME: LANE, KERRY
 STREET ADDRESS: 4819 Glenbrooke DR.
 CITY-ST-ZIP: SARASOTA FL 34243

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

(941) 468-0407

CR2E034 (9/01)