2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000019494

Entity Name: UP SIDE DOWN RECORDS, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4811 NORTHWEST 5TH STREET MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 4811 NORTHWEST 5TH STREET MIAMI, FL 33126 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PMTD** () Delete Title: () Change () Addition SANTALLA, ADRIAN A Name: Name: 4811 NORTHWEST 5TH STREET Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: V/S Title: () Delete () Change () Addition BARTHELOTTI, MONICA R Name: Name: 7361 SHELL RIDGE TERRACE Address: Address: LAKEWORTH, FL 33467 US City-St-Zip: City-St-Zip: () Delete Title: Title: VS () Change () Addition BARTHELOTTI, MONICA R Name: Name: 7361 SHELL RIDGE TERRACE Address: Address: City-St-Zip: LAKEWORTH, FL 33467 US City-St-Zip: Title: **PMTD** () Delete Title: () Change () Addition SANTALLA, ADRIAN A Name: Name: Address: 4811 NW 5TH STREET Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: Title: Title: () Delete () Change () Addition BARTHELOTTI, MONICA R Name: Name: 7361 SHELL RIDGE TERRACE Address: Address: City-St-Zip: LAKEWORTH, FL 33467 US City-St-Zip: Title: **PMTD** () Delete Title: () Change () Addition Name: DROP, DJ Name: 4811 NW 5TH STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MONICA R BARTHELOTTI V/S 05/01/2003

City-St-Zip:

MIAMI, FL 33126 US