## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000037953 DOCUMENT # 1. Entity Name BLASTID RECORDS, INC. Principal Place of Business Mailing Address 9580 WEST ELM LANE 9580 WEST ELM LANE HULLIATA MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 105-111740 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUGGAN, HORACE F Street Address (P.O. Box Number is Not Acceptable) 9580 WEST ELM LANE MIRAMAR FL 33025 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE Change TITLE DUGGAN, BERTRAM R NAME NAME 9580 WEST ELM LANE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE DUGGAN, OPHELIA M NAME NAME 165 NW 197TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME RAMSAY, TRICIA-ANNE M NAME 1430 NW 192 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DUGGAN, ALETHIA A NAME STREET ADDRESS 165 NW 197TH STREET STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: <