2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

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DOCUMENT # P0100042031 1. Entity Name SARLACC MASTERING AND MUSIC PRODUCTION CO.					Sec.	retary of State
Principal Plac	ce of BusinessM	lailing Address		}		
2106 NW 67	7TH PL.	2106 NW 67TH PL.	•	ļ		
SUITE #6	5	SUITE #6		}		
GAINESVILLE	E, FL 32653 [Gainesville, Fl 32653		1	ierit woldt benin metti t	
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			CE	4. FEI Number		Applied Far
				65-109808	8	Not Applicable
1				5. Certificate of Sta	utus Dorired	\$8.75 Additional
				5. Certificate of Sta	itus Desired	Fee Required
	6. Name and Address of Current Regis					
			-			·
BUSINESS FILINGS INCORPORATED			DO NOT WRITE			
660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000						
TALLAHASSEL, FL 32301-0000			1	IN IH	IS SPA	ACE
1						d
	named entity submits this statement for the particular to the particular and the particular to the par	ourpose of changing its register	ed office or register	ed agent, or both, in t	ne State of Flori	a. I am ramiliar with, and accept
·	•					
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registers	nd Agent signature required	when reinstating)		DATE
<u> </u>				• 1		
	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be		
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	Add	ed to Fees		
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10.	OFFICERS AND DIRECT		Add	ed to Fees		
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10. TITLE NAME	OFFICERS AND DIRECT		Add	ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT DISTRIBUTION DIRECT PLANS AND DIRECT		Add	ed to Fees		13631 10132-024 150.00
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-0

<u>352.575533</u>

Daytime Phone #