
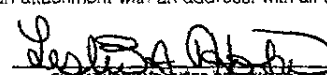


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000049078 <small>1. Entity Name</small> BAMBI RECORDS, INC.							
<small>Principal Place of Business</small> 1302 NE 191ST ST. APT 219 MIAMI FL 33179-4013			<small>Mailing Address</small> 1302 NE 191ST ST. APT 219 MIAMI FL 33179-4013				
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>					
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>					
<small>City & State</small>		<small>City & State</small>		<small>4. FEI Number</small> 45-0471396 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applied</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applied</small>
<small>Applied For</small>							
<small>Not Applied</small>							
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HOOKER, LESLIE A 2170 BAYDRIVE #16 MIAMI BEACH FL 33141			<small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> FL <small>Zip Code</small>				
<small>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. I am familiar with, and accept the obligations of registered agent.</small>							
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<small>9. Election Campaign Financing</small> \$5.00 <small>May Be Added to Fees</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PVTS HOOKER, LESLIE ANN 1302 NE 191ST ST, # 219 MIAMI FL 33179	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	U00000532350 05/06/06-80081-007 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.</small>							
SIGNATURE: 			4-23-06 308-720-6466 <small>DATE</small> <small>Daytime Phone #</small>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							