2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 09, 2004 08:00 AM Secretary of State DOCUMENT # P01000051100 SURVIVOR RECORDS AND STUDIO, INC Principal Place of Business Malling Address 3330 SPANISH MOSS TERR BLD #3 STE 210 3330 SPANISH MOSS TERR BLD #3 STE 210 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 08042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1104433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent BROWN, KIRK DO NOT WRITE 3330 SPANISH MOSS TERRACE BLVD. BUILDING #3, SUITE 210 IN THIS SPACE LAUDERHILL, FL 33319 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DVOTE: Repistered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing in accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS DP -- U00000169763 08/09/04-80010-803 150.00 me NAME BROWN, KIRK 3330 SPANISH MOSS TERR BLD #3 STE 210 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 TITLE NAME VELIAN, LANCE STREET ADDRESS 5800 MARGATE BLVD CITY-ST-ZIP MARGATE, FL 33363 BILL NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 path, 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:

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

FILED

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