

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90145 045 ***150.00

DOCUMENT # P01000068822

1. Entity Name
SPECIAL EFFECTS RECORDS, INC.

Principal Place of Business Mailing Address
~~3430 NW 203RD LANE~~ ~~3430 NW 203RD LANE~~
~~OPA-LOCKA FL 33056~~ ~~OPA-LOCKA FL 33056~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3430 NW 203 LN

City & State City & State
OPA-LOCKA FL
 Zip Country Zip Country
33056 DAde

4. FEI Number Applied For
65-1118782 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWABY, DAVID
3430 NW 203RD LANE
OPA-LOCKA FL 33056

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 DAVID SWABY David Swaby 08/29/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D SWABY, DAVID	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 3430 NW 203RD LANE		STREET ADDRESS:	
CITY-ST-ZIP: OPA-LOCKA FL 33056		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>
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: DAVID SWABY 08/29/02 305 345-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

DAVID SWABY
3430 NW 203 LN
OPA-LOCA FL
33056

PO1 000668822

Division of Corporation ²⁴⁶⁰³
UNIFORM Business Report Filing

PO. BOX 1500

Tallahassee FL 32302-1500

Dear Sir/Madam,

This is the FIRST NOTICE I received and
the FIRST TIME I am Filing, can the late Fee be waived?
My business is NOT generating any money yet. So if you
can waive the late Fee I will greatly appreciate it, thank
you very much.

YOURS TRULY
David Swaby.