

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91890 018 \*\*\*150.00

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**DOCUMENT # P01000070966**

1. Entity Name  
**FOUNDATION RECORDS, INC.**



Principal Place of Business  
**6340 TARAWE DRIVE  
SARASOTA FL 34241**

Mailing Address  
**6340 TARAWE DRIVE  
SARASOTA FL 34241**



2. Principal Place of Business

3. Mailing Address

**HOME**  
**307 HERITAGE ISLES WY**

**307 HERITAGE ISLES WY**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON**

City & State  
**BRADENTON FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip **34212** Country **USA**

Zip **34212** Country

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

**SHIMA, CHERAY  
6340 TARAWE DR.  
SARASOTA FL 34241**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**PLEASE CHANGE ADDRESS.**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SHIMA, MICHAEL JAMES</b>	<b>6340 TARAWE DR.</b>	<b>SARASOTA FL 34241</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**4/30/03**  
**724-0992**