

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90031 045 \*\*\*150.00

DOCUMENT # P01000071815

1. Entity Name

LB RECORDS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11921 S. DIXIE HWY

3. Mailing Address

11921 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

PINECREST, FL

City & State

PINECREST, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-1119948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DOMINGO ALONSO

Street Address (P.O. Box Number is Not Acceptable)

301 ALMERIA AVENUE #3

City

CORAL GABLES

FL

Zip Code

33134

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.

SIGNATURE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME LANCRI, FREDERIC B.  
STREET ADDRESS 11921 S. DIXIE HWY #203  
CITY - ST - ZIP PINECREST, FL 33156

TITLE VP  
NAME LANCRI, MICHAEL C.  
STREET ADDRESS 11921 S DIXIE HWY #203  
CITY - ST - ZIP PINECREST, FL 33156

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02  
Date

(307) 948-3895  
Daytime Phone #