FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 1000071911

SIGNATURE:

HONKY TONK RECORDING STUDIOS INC.



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90945 023 ***150.00

DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 10300 SW 51 ST STREET Suite, Apt. #, etc.			3. Mailing Address 10 3 60 SW 51 ST STREET Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		ITY, FLORIDA	City & State	ITY FLOI	AGIS	4. FEI Number 65 - 113638	8	Applied For Not Applicable
3332	ر ا	Country USA	33338	Country		5. Certificate of Status Desired	\$8.75 A Fee Requi	
	en day kon	i Bir nanishi Kasi Cababa a sa				7. Name and Address of Current Registe	<u></u>	
	到是其他的方式的	O NOT WI NTHIS SP			ddress (F 3 00	RGE L. VAN DYK PO Box Number is Not Asceptable) SW 51 ST STREET		
				City C	900	ER CITY F	L Zip Co	332X
the obligation	ons of register on the contract of the contrac	ared agent. CGE A. VAN or printed name of registered agent an	7k	s registered office or	registere	ed agent, or both, in the State of Florida. I at CHANGE ADDRESS 4 4 03 when reinstating)		, and accept
	After May 1 Amended	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 Florida Department of §	22-22-22-22-2	V	· U	9. Election Campaign Financing Trust Fund Contribution.	\$5. Adde	.00 May Be ed to Fees
10. *	Pro = 0 = 0	OFFICERS AND D	IRECTORS	The control of the second section of the section of the second section of the se	安藤 東西藤		· (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	LEGIEVE AND AND A
NAME STREET ADDRESS CITY-ST-ZIP	PRESID GEORGI 16300 S COOPE	E L. VAN DYK E L. VAN DYK SW 51 ST STREE R CITY FLORIDA	₹ \$3328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. S.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOBBY	TOR CATHERING LUU UU YI ST STREET	\$	TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	·		TITLE NAME STREET ADDRESS CITY_ST-ZIP_		DO NOT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY ST - ZIP		IN THIS SPA	(CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
of the corp	oration or th	information supplied with it or supplemental report is to e receiver or trustee empor tres et with all other like emp	wered to execute this repo	r the exemption state ny signature shall ha rt as required by Ch	ed in Sec ave the s apter 60	ction 119.07(3)(i), Florida Statutes. I further of ame legal effect as if made under oath; that 7, Florida Statutes; and that my name appe	certify that the I am an office ears in Block 1	information er or director 0 or on an