May 06, 2003 8:00 am Secretary of State

05-06-2003 90055 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000080317 DOCUMENT #

1. Entity Name SEVENDUST RECORDS, INC.



Principal Place of Business C/O JEFF HANSON MANAGEMENT

2. Principal Place of Business

15 S. ORANGE AVE. ORLANDO FL 32801

Mailing Address

C/O GARRY D. WHITFIELD, CPA 1261 LINCOLN AVE., STE, 216

SAN JOSE CA 95125

3. Mailing Address

% Jeff Hanso	n Management	% Garry D. W	hitfield, CPA			
Suite, Apt. #, etc. 2813 S. Hi	ee Rd., Suite	Suite, Apt. #, etc. 28/3 S · Hiaumsse	eRd., She. 304	CHECK HERE IF	* MAKIN	IG CHANGES
City & State		City & State		4. FEI Number 59-3743630		Applied For
Orlando, FL		Orlando ith		No.		Not Applicable
Zip 32835	Country USA	32835	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ MCFARLAIN & CASSEDY, P.A. 215 S. MONROE ST, STE. 600

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent Name McNeely, Robert A

Street Address (P.O. Box Number is Not Acceptable)
McFarlain + Cassedy, P.A

305 South Gadsden Street

^{City} Tallahas5ee

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.	

the obligations of	f registered agent.	
CICAIATI IDE	ROBERT A MCNEELY	5/1/03

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be

DATE

Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE ☐ Delete WITHERSPOON, LAJON NAME NAME 15 S. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition LOWERY, CLINT NAME NAME 15 S. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONNOLLY, JOHN NAME NAME 15 S. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORNSBY, VINCE NAME NAME 15 S. ORANGE AVE. STREET ADDRESS STREET ADORESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROSE, MORGAN NAME 15 S. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 occurate 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 empropered 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 a order the empropered.

SIGNATURE:

SIGNA SIGNATURE AND TYPED Q GNING OFFICER OR DIRECTOR