2004 FOR PROFIT CORPORATION

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2004 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Aug 05, 2004 8:00 am Secretary of State				
DOCUMENT # P01000081717 1. Entity Name SILVA RECORDS, INC.											y 01 St 07 026 ***55	
Principal Place of Business Mailing Address 3976 NW GAINESVILLE RD 3976 NW GAINESU OCALA, FL 34475 OCALA, FL 34475					.E RD			24078475				
2 Principal Pi 4510 Suite, Apt.	W. Hi		3. Mailing Address 4510 W H Suite, Apt. #, etc.			<u>4</u> 40	07282004 Chg-P CR2E034 (10/03)					
City & State	<u>-, H</u>	on'da Country		City & State Ocala, Fwr Zip Cours			rida		2754		No	plied For t Applicable
34482		<u> ÚSA</u>	344		<u> u</u>	"y LSA		 Certificate Name and 			Fee Required	
6. Name and Address of Current Registered Agent Name									Autoreau of t	ww.uogiaic	and Allen	
BARNER, RICHARD 3976 NW GAINESVILLE RD OCALA, FL 34475						Street Address (P.O. Box Number is Not Acceptable)						
											FL Zip Code	
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. 1 am familiar with, and accept the obligations of registered agent.												
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. D												
10.		11.			ADDITIONS	CHANGES T	OFFICERS	AND DIRECTORS				
TITLE Name Street adoress City-St-Zip	P Delete TRA BARNER, RICHARD JR. NAI 3976 NW GAINESVILLE RD STR OCALA, FL 34475 CIT						P Barn 4510 Oca	w High	und Jr. Way 40	>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete				<u>14 (19</u>	<u></u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·		-	Delete	TITLE NAM STRE			•••••	·· <u></u>	<u>.</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	1			Detete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Detete							Change	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 regoiner of 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: 2 1.28.04 (3.52)840.9633												