

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90570 036 ***150.00

DOCUMENT # P01000102885 1. Entity Name CALIBER RECORDS, INC.																											
Principal Place of Business 221 LONGVIEW AVE. 304 CELEBRATION, FL 34747		Mailing Address 221 LONGVIEW AVE. 304 CELEBRATION, FL 34747																									
2. Principal Place of Business 7616 Southland Blvd Suite, Apt. #, etc. #118 City & State Orlando, FL Zip 32809 Country USA		3. Mailing Address 7616 Southland Blvd Suite, Apt. #, etc. #118 City & State Orlando, FL Zip 32809 Country USA																									
4. FEI Number 65-1148503		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DIODATI, LORI G PRESIDE 221 LONGVIEW AVE. 304 CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Name Lori Diodati (same) Street Address (P.O. Box Number is Not Acceptable) 501 Mirasol Circle, #217 City Celebration State FL Zip Code 34747																									
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 <u><i>Lori Diodati</i></u> Lori Diodati DATE 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>DIODATI, LORI G PRESIDE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>221 LONGVIEW AVE., 304</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CELEBRATION, FL 34747</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	DIODATI, LORI G PRESIDE	<input type="checkbox"/>	STREET ADDRESS	221 LONGVIEW AVE., 304		CITY-ST-ZIP	CELEBRATION, FL 34747		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>501 Mirasol Circle, #217</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Celebration, FL 34747</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	501 Mirasol Circle, #217	<input type="checkbox"/>	STREET ADDRESS	Celebration, FL 34747		CITY-ST-ZIP		
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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 persons empowered.		SIGNATURE: <u><i>Lori Diodati</i></u> DATE 4/12/05 PHONE 407.595.8761 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									