2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018472

Title:

Name:

Address:

City-St-Zip:

FILED Apr 21, 2005 Secretary of State

Entity Name: DERLIE RECORDS, INC. **Current Principal Place of Business: New Principal Place of Business:** 18001 RICHMOND PLACE DRIVE **UNIT 1210** TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 48933 TAMPA, FL 33647 FEI Number: 04-3596663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVA-WILLIAMS, JULIE A VP/COO 18001 RICHMOND PLACE DRIVE #1210 TAMPA, FL 33647 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILLIAMS, DERRICK L Name: Name: 18001 RICHMOND PLACE DRIVE UNIT 1210 Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: VSTD Title: (X) Change () Addition Title: () Delete SILVA-WILLIAMS, JULIE A Name: Name: SILVA-WILLIAMS, JULIE A 18001 RICHMOND PLACE DRIVE UNIT 1210 18001 RICHMOND PLACE DRIVE UNIT 1210 Address: Address: TAMPA, FL 33647 TAMPA, FL 33647 City-St-Zip: City-St-Zip: Title: D () Delete Title: TD (X) Change () Addition SILVA, JOHN P SILVA, JOHN P Name: Name: 1305 NATRONA DRIVE 1305 NATRONA DRIVE Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SD

SILVA, JANICE L

1305 NATRONA DRIVE

NORTH PORT, FL 34287

(X) Change () Addition

SIGNATURE: JULIE SILVA-WILLIAMS VD 04/21/2005

() Delete

SILVA, JANICE L

1305 NATRONA DRIVE

NORTH PORT, FL 34287