

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 001 ***150.00

DOCUMENT # P02000020249

1. Entity Name
TWISTER RECORDS INC.



Principal Place of Business
**5525 PHILLIPS HIGHWAY
200
JACKSONVILLE FL 32207**

Mailing Address
**5525 PHILLIPS HIGHWAY
200
JACKSONVILLE FL 32207**



2. Principal Place of Business
**3532 MECASIN ST
Suite, Apt. #, etc.
SUITE 200**

3. Mailing Address
**3532 MECASIN ST
Suite, Apt. #, etc.
SUITE 200**

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FLA.

City & State
JACKSONVILLE, FLA

4. FEI Number
27-0011569

Applied For
☐ Not Applicable

Zip
32254

Country
DUVAL

Zip
32254

Country
DUVAL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GHEHT, ANTHONY L
8335 FREEDOM CROSSING TRAIL
2801
JACKSONVILLE FL 32256**

Name
GHEHT ANTHONY L
Street Address (P.O. Box Number is Not Acceptable)
3532 MECASIN ST
City
JACKSONVILLE FL Zip Code
32254

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GHEHT, ANTHONY L P.O. BOX 56498 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUERRIER, AGENOR V P.O. BOX 56498 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOURE, DJIBRIL P.O. BOX 56498 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03 (904)-786-4097
Date Daytime Phone #

CP2E034 (10/02)