

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 050 ***158.75

DOCUMENT # P02000034770

1. Entity Name
XCLUSIV RECORDS, INC.

N/C



Principal Place of Business

**1001 N MARTIN LUTHER KING AVE
APT 2 BLDG 4
CLEARWATER, FL 33755**

Mailing Address

**1001 N MARTIN LUTHER KING AVE
APT 2 BLDG 4
CLEARWATER, FL 33755**

54069801



2. Principal Place of Business

1001 N Martin Luther King Ave

Suite, Apt. #, etc.

Apt 402 Bldg 4

City & State

Clearwater, FL 33755

Zip

33755

Country

Pinellas

3. Mailing Address

1001 N Martin Luther King Ave

Suite, Apt. #, etc.

Apt 402 Bldg 4

City & State

Clearwater, FL 33755

Zip

33755

Country

Pinellas

08032004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2062142

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JERRIDO, MICHAEL
1001 MARTIN LUTHER KING AVE
APT BLDG 4
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

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. 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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **JERRIDO, MICHAEL**
STREET ADDRESS **1001 N MARTIN LUTHER KING AVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **SD** ☐ Delete
NAME **ALDRIDGE, DORIAN**
STREET ADDRESS **822 EAST LAKE CLUB DR**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Michael Jerido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

(727) 215-6378

Daytime Phone #