

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000039338

FILED
Jul 03, 2003
Secretary of State

Entity Name: XQUIZIT RECORDS, INC.

Current Principal Place of Business:

1506 LAKEWOOD AVENUE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

1506 LAKEWOOD AVENUE
SEBRING, FL 33872

New Mailing Address:

1506 LAKEWOOD AVENUE
SEBRING, FL 33875 US

FEI Number: 03-0428062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM & RINALDO, P.L.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MUNIZ, ERIC B
Address: 1506 LAKEWOOD AVENUE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: MUNIZ, ELIZABETH I
Address: 1506 LAKEWOOD AVENUE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELIZABETH I MUNIZ

D

07/03/2003

Electronic Signature of Signing Officer or Director

Date