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

## DOCUMENT # P02000084030

1. Entity Name

SEVEN BEARDS RECORDING STUDIO, INC.



## FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90102 002 \*\*\*150.00

						GOO WE 180	1					
Principal Place of Business 431 NW 183 STREET				Mailing Address 431 NW 183 STREET					a, speed	-	-	
MIAMI FL 331	69		MAM	FL 33169	-			I denimentuit coide tiett ookit oo	101 <b>00</b> 111 <b>0610</b> 11	 	I LUYAL <b>Or</b> an A <b>or</b> a	
2. Principal F	Place of Busines	<b>3.</b> Ma	3. Mailing Address									
Suite, Apt.	. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE	IE MAKING	CHANGES	<b>.</b>		
								- Oneok heike	11 1017 (17(114)			
City & State			City	City & State			<b>4.</b> F	FEI Number 13-4221	610		pplied For lot Applicable	
Zip Country			Zip		Coun	try		Certificate of Status Desired		Fee Required		
<u> </u>	6. Name a	nd Address of Curr	ent Registere	ed Agent			7. N	Name and Address of New F	Registered A	Agent		
DOM 400	OUNTINO					Name						
	Counting 125 Street		Street Address			(P.O. B	(P.O. Box Number is Not Acceptable)					
SUITE #2	•											
MIAMI FL					City			FL	Zip Cod	de		
8. The above	e named entity s	ubmits this statemer	nt for the purp	ose of changing its	registere	ed office or registe	ered age	ent, or both, in the State of Fle		iamiliar with,	and accept	
the obligat	tions of register	ed agent.		Ų Ū		ū	J					
SIGNATURE	Signature typed or	printed name of registered a	gent and title if and	licable (NOT	- Renieterer	I Agent signature require	ed when re	instating)	DATE			
				(101)			30 41101110	an State (g)	DAIL			
		FEE IS \$150.00		an 11 - En244, gar	٠.		- !	9. Election Campaign Fir	nancing-	<b>-</b> \$5.0	O May Be	
		Fee will be \$550. Iorida Departmen					i	Trust Fund Contributio	n. 🗀		d to Fees	
10.			ND DIRECTO	DQ.	11.		A D	DITIONS/CHANGES TO OFF	IOCDO AND	DIRECTOR	OC IN 11	
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NAME	Betty	ט פטמוש			NAME							
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NAME STREET ADDRESS	Bétty, N	12016 0			NAME							
CITY-ST-ZIP	IRIUD NI	3211.9				T ADDRESS ST-ZIP						
	ista.	2710-1		☐ Delete	TITLE					☐ Change	Addition	
NAME	Betty	MAIRAD		L Delete	NAME					☐ Citaliye	L. Audition	
STREET ADDRESS	2/12/1/11	5178St				T ADDRESS						
CITY-ST-ZIP	MIA E	DNRAD 5 1785t 1 33056			CITY-	ST-ZIP						
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ı∡. ⊦nereby d	certify that the in	iiormation supplied t	with this filing	ques not quality for	ine exer	nution stated in S	ection 1	19.07(3)(i). Florida Statutes.	i further cer	urv that the i	ntermation   L	

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIVISION

03-23-03

305.45/-8865 Davrime Phone #