

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000089540

1. Entity Name
DREAMER VISION RECORDS INC



Principal Place of Business
22 SW 6TH AVENUE
#19
DANIA BEACH, FL 33004

Mailing Address
22 SW 6TH AVENUE
#19
DANIA BEACH, FL 33004



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNELIUS, FRANK L
26 SW 7TH AVENUE
DANIA BEACH, FL 33004

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000540462
05/10/06-80018-024 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
SPENCER, JENNIFER D
22 SW 6TH AVENUE #19
DANIA BEACH, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOBLEY, EUGENE
15441 S W 18 STREET
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
CORNELIUS, FRANK L
26 S W 7 AVE
DANIA BEACH, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
MOBLEY, TAMMY
15441 S W 18 STREET
MIRAMAR, 33 027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #