2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106002

P.O. BOX 20272

TAMPA, FL 33622

Address: City-St-Zip:

FILED May 07, 2005 Secretary of State

Entity Name: GRIND TYME RECORDS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5902 STRATON PARK DR. 3813 NORTH NEBRASKA AVENUE TAMPA, FL 33617 TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** P.O. BOX 20272 TAMPA, FL 33622 FEI Number: 56-2372177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COFFIE, RONALD JR. COFFIE, RONALD JR. 5902 STRATON PARK DR. 3813 NORTH NEBRASKA AVENUE TAMPA, FL 33617 TAMPA, FL 33603 US 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: RONALD COFFIEJR 05/07/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition COFFIE, RONALD JR. Name: Name: P.O. BOX 20272 Address: Address: City-St-Zip: TAMPA, FL 33622 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: DAVIS, IAN Name: P.O. BOX 20272 Address: Address: TAMPA, FL 33622 City-St-Zip: City-St-Zip: () Delete Title: Title: STD () Change () Addition RODRIGUEZ, ELSA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RONALD COFFIE, JR PD 05/07/2005