FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90073 027 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10091051

DOCUMENT # P02000108418

1. Entity Name
GODNI RECORDS, INC.

Principal Place of Business
3252 NORTH WEST 84TH AVE
SUNRISE, FL 33351

Mailing Address
3252 NORTH WEST 84TH AVE
SUNRISE, FL 33351

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 3252 NW 84th AVE
Suite, Apt. #, etc.: E507
City & State: Sunrise, Fl
Zip: 33351
Country:

3. Mailing Address: P.O Box 451146
Suite, Apt. #, etc.:
City & State: Sunrise, Fl. 33345-1146
Zip:
Country:

4. FEI Number: 50-0007025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EUGENE, LUNER
3252 NORTH WEST 84TH AVE
SUNRISE, FL 33351

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	EUGENE, LUNER	
STREET ADDRESS	3252 NORTH WEST 84TH AVE	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DVST	☐ Delete
NAME	EUGENE, VANESSA	
STREET ADDRESS	3252 NORTH WEST 84TH AVE	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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 10

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

CR2E034 (10/02)

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: [signature] Luner Eugene 4/28/03 (954) 578-6738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #