

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91896 027 ***150.00

0343827 AN

DOCUMENT # P02000113704

1. Entity Name
SHORT RUN CDS, INC.



Principal Place of Business
**6289 W SUNRISE BLVD. STE 263
PLANTATION FL 33313**

Mailing Address
**6289 W SUNRISE BLVD. STE 263
PLANTATION FL 33313**



2. Principal Place of Business
6289 W Sunrise Blvd

3. Mailing Address
6289 W Sunrise Blvd

Suite, Apt. #, etc.
121

Suite, Apt. #, etc.
121

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
35-2185091

Applied For
Not Applicable

Zip
33313

Country
USA

Zip
33313

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, DAVID
6289 W SUNRISE BLVD, STE 263
PLANTATION FL 33313**

Name
JOHNSON, DAVID
Street Address (P.O. Box Number is Not Acceptable)
6289 W SUNRISE BLVD
Suite 121*
City
Plantation **FL** Zip Code
33313

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: David Johnson **DAVID JOHNSON** 4/29/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JOHNSON, DAVID**
STREET ADDRESS **6289 W SUNRISE BLVD, STE 263**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **D** ☒ Change ☐ Addition
NAME **JOHNSON, DAVID**
STREET ADDRESS **6289 W SUNRISE BLVD, STE 121**
CITY-ST-ZIP **PLANTATION, FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: David Johnson **DAVID JOHNSON** 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Daytime Phone #

CR2E034 (10/02)