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

DOCUMENT #

P02000113704

SHORT RUN CDS, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

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| Suite, Apt. #, etc. City & State | 6289 W SUNRISE BLVD. STE 263 PLANTATION FL 33313 | 6289 W SUNRISE BLVD. S PLANTATION FL 33313 | STE 263 | L 1881 1881 | | |
| Suite, Apt. #, etc. City & State Country St. 75 Additional Fee Required St. 75 Addition | | | Survise Blud | | | |
| Plantation FL Zip 33-11 Country Tagrand Country 5. Cortificate of Status Desired Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, DAVID 6289 W SUNRISE BLVD, STE 263 PLANTATION FL 33313 Size 12 City Plantation FL Zip Code 373/17 DATE City Plantation FL Zip Code 373/17 DATE City Plantation FL Zip Code 373/17 Added to Fees Title NAME JOHNSON, DAVID Sirect Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) Signature address of Number is Not Acceptable) City City Street Address (P.O. Box Number is Not Acceptabl | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | E CHECK HERE IF M | AKING CHANGES | |
| 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, DAVID 6289 W SUNRISE BLVD, STE 263 PLANTATION FL 33313 Size Address (P.O. Box Number is Not Acceptable) Street Addres | Plantation, FL | Plantation | 1, FC | | <u> </u> | pplied For ot Applicable |
| JOHNSON, DAVID 6289 W SUNRISE BLVD, STE 263 PLANTATION FL 33313 Site 1 Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Site 1 Address (P.O. Box Number is Not Acceptable) Site 2 M SUNRISE BLVD Site 2 M SUNRISE BLVD 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 acceptable of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME JOHNSON, DAVID 6289 W SUNRISE BLVD, STE 263 PLANTATION FL 33313 Delete TITLE NAME Delete | 33313 VSA | 33317 | Country | | Fee Require | |
| SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE JOHNSON, DAVID STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 SIGNATURE SIGNATURE | | of Current Registered Agent | | OHNSON: DAVE | 0 | |
| 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 according to the obligations of registered agent. SIGNATURE: SIGNA | 6289 W SUNRISE BLVD, STE 263 | | Street Address | s (P.O. Box Number is Not Acceptable) | BLVD | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME JOHNSON, DAVID STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 TITLE NAME Delete TITLE NAME | | | | +++. | | |
| SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) | | statement for the purpose of changing its | registered office or regist | | <u> </u> | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME JOHNSON, DAVID STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 TITLE NAME Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE JOHNSON, DAVID STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 TITLE NAME Delete TITLE NAME Added to Fees \$5.00 May E Added to Fees | SIGNATURE : Daniel A | Shahan DAVZ ggistered agent and title it applicable. (NOTE | D JOHNSO E: Registered Agent signature requir | Number reinstating) 4/2 | 9/03 DATE | |
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indicated on this report or supplemental report is true and accurate and inat my signature shall have the same legal effect as it 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:

Daytime Phone #