

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P02000127078

1. Entity Name
BLACK PANTHER RECORDS, INC.



Principal Place of Business
14990 SOUTH RIVER DRIVE
MIAMI, FL 33167 US

Mailing Address
14990 SOUTH RIVER DRIVE
MIAMI, FL 33167 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072004

REIN-P

CR2E098 (6/04)

4. FEI Number
96-1656230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDELL, JAMES C
14990 SOUTH RIVER DRIVE
MIAMI, FL 33167

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

JAMES C RANDELL

11-15-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RANDELL, JAMES C
STREET ADDRESS 14990 SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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:

JAMES C RANDELL

11-15-04-305-685-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Did not receive
Reinstatement Notice by
mail. FILED

04 NOV 18 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

