

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90996 007 ***150.00

0006144 AT

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

14990 S River Dr.

3. Mailing Address

14990 S River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami

City & State

City & State

Fla.

Miami Fla.

Zip

Country

Zip

Country

33167

Dade

33167

Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

96-165-6230

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

James C Randell

Street Address (P.O. Box Number is Not Acceptable)

14990 S River Dr

City

Miami

Fla

FL

Zip Code

33167

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

JAMES C RANDELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)