


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90179 016 ***150.00

DOCUMENT # P03000005334 1. Entity Name EMERALD CITY RECORDING, INC.					
Principal Place of Business 105 DUNBAR AVE A OLDSMAR, FL 34677 US			Mailing Address 9300 REGENCY PARK BLVD PORT RICHEY, FL 34686 US		
2. Principal Place of Business - No P.O. Box # 105 Dunbar Avenue Suite, Apt. #, etc. Suite A			3. Mailing Address 105 Dunbar Avenue Suite, Apt. #, etc. Suite A		
City & State Oldsmar FL			City & State Oldsmar FL		
Zip 34677			Zip 34677		
Country USA			Country USA		
4. FEI Number 33-1046602			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HANLEY, ROBIN 105 DUNBAR AVE A OLDSMAR, FL 34667			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007: Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP HANLEY, ROBIN 105 DUNBAR AVE STE A OLDSMAR, FL 34667		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robin J. Hanley</u> Robin J. Hanley 4/23/07 813-814-1062 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					