2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91031 002 ***150.00

DOCUMENT # P03000020907 1. Entity Name NUMATIC RECORDS, INC.						,	04-26-2004 91	-		
Principal Place of Business 8363 BOWDEN WAY WINDERMERE, FL 34786			Mailing Address 8363 BOWDEN WAY WINDERMERE, FL 34786		2 (BB(188) 4	1 25 18 2 4111 28 111 28 111 28 111		. 1 9 11 18 11 18 0		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02172004	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Numb	er -0451815		_ 	plied For t Applicable
Zìp	Country		Zip			<u> </u>	of Status Desired		8.75 Add ee Required	1
6. Name and Address of Current			t Registered Agent	Registered Agent		7.≁Name and	f Address of New Re	gistered A	gent ,	- · · · · ·
EDWARDS, JONATHAN 8363 BOWDEN WAY WINDERMERE, FL 34786						P.O. Box Numb	er 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 accepted the obligations of registered agent.										and accept
SIGNATURE 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME	D FDWARI	OS, JONATHAN	☐ Delete	JE ME				☐ Change	Addition	
STREET ADDRESS	8363 BO	WDEN WAY MERE, FL 34786		STR	EET ADDRESS Y-ST-ZIP			,		
TITLE		7	☐ Delete	ТІТІ	LE				☐ Change	Addition
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CITY-ST-ZIP		A Pari			Y-ST-ZIP		, ,			
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NAME STREET ADDRESS	1			NA/ STR	ME . Reet address					
CITY-ST-ZIP					Y-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 attachanent with an appreas, with all other like empowered.										
SIGNATURE: Jona attachment with an address, with all other like empowered. SIGNATURE: JONATHAN EDWARDS 3/17/04										
		I POWNATURE AND TYPED OF	DOINTED NAME OF CICNING OFFICE	FO NO DIDEC	TOP	,	Date	Dε	vtime Phone #	