


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90062 029 ***150.00

DOCUMENT # P03000030091	
1. Entity Name IMPERIAL RECORDS, INC.	

Principal Place of Business 121. HIDDEN COURT RD. HOLLYWOOD FL 33023	Mailing Address 121 HIDDEN COURT RD. HOLLYWOOD FL 33023
--	---

34049622



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. 3901 NW 91st Terr. City & State Sunrise, FL Zip 33351 Country Broward	3. Mailing Address Suite, Apt. #, etc. 3901 NW 91st Terr. City & State Sunrise, FL Zip 33351 Country Broward
--	--

4. FEI Number 90-0156963	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 DALEY, CARL A 121 HIDDEN COURT RD. HOLLYWOOD FL 33023	
---	--

7. Name and Address of New Registered Agent Name DALEY, Carl A Street Address (P.O. Box Number is Not Acceptable) 3901 NW 91st Terr. Sunrise FL 33351 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DALEY, CARL A 121 HIDDEN COURT RD. HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WATSON, STEPHEN 121 HIDDEN COURT RD. HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DALEY, Carl A 3901 NW 91st Terr. Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Watson, Stephen 3901 NW 91st Terr. Sunrise FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/6/04** **(954) 747-6318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #