

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044919

FILED
Feb 21, 2005
Secretary of State

Entity Name: ROCK BOTTOM RECORDS, INC.

Current Principal Place of Business:

3353 EMERALD OAKS DR
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3353 EMERALD OAKS DR
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 57-1166220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZALKIND, ROSS
20341 NE 30 AVE APT 22
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COPD () Delete
Name: THOMAS, ZAMANI
Address: 8429 CALPEN RD APT U114
City-St-Zip: MIAMI, FL 33014

Title: COPD () Delete
Name: ROSENFELD, ANTHONY
Address: 3353 EMERALD OAKS DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: COPD () Delete
Name: BREUR, GEORGE
Address: 7780 NW 22 CT APT 103
City-St-Zip: PEMRBOKE PINES, FL 33024

Title: COPD () Delete
Name: ZALKIND, ROSS
Address: 20341 NE 30 AVE APT 22
City-St-Zip: AVENTURA, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS ZALKIND

COPD

02/21/2005

Electronic Signature of Signing Officer or Director

Date