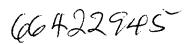
# 2004 FOR PROFIT CORPORATION' ANNUAL REPORT

### 05-19-2004 90232 001 \*\*\*150.00 DOCUMENT # P03000060904 05-19-2004 90232 002 \*\*\*\*\*8.75 CUT THROAT RECORDS, INC. Principal Place of Business Mailing Address 66422945 375 N.E. 169 ST. 375 N.E. 169 ST. MIAMI, FL 33162 MIAMI, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 06-1701026 Not Applicable Zip Country Zip , Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JASMIN, JEMMY Street Address (P.O. Box Number is Not Acceptable) 375 N.E. 169 ST. MIAMI, FL 33162 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) 9. Election.Campaign.Financing. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE JASMIN, JEMMY NAME NAME STREET ADDRESS 375 N.E. 169 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE JASMIN, JEMMY NAME NAME STREET ADDRESS 375 N.F. 169 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP ☐ Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 witp an address, with all other like empowered. SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 19, 2004 8:00 am Secretary of State

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## **Division of Corporations**

### Annual Report

Page 1

Document Number
203000060904
Business Entity Name
CUT THROAT RECORDS, INC.

FEI Number

061701026

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes No

Principal Place of Business

Address

375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country 33162

US

Mailing Address

Address

375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country 33162

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) JASMIN

JEMMY

CEO

-or- RA Business Name

CUT THROAT RECORDS, INC.

Address

375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State

MIAMI

. FL

Zip Code & Country

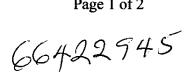
33162

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Page 1 of 2





# Annual Report

Page 2

Document Number --P03000060904\_-Business Entity Name

CUT THROAT RECORDS, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

D

Name (Last, First, Middle, Title) JASMIN

**JEMMY** 

-or- Entity Name

Street Address

375 N.E. 169 ST.

City, State

MIAMI

, FL

Zip Code & Country

33162

Title

D

Name (Last, First, Middle, Title) JASMIN

**JEMMY** 

-or- Entity Name

Street Address

375 N.E. 169 ST.

City, State

MIAMI

, FL

Zip Code & Country

33162

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

### **Division of Corporations**

HP0300060904

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

### List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

**Sunbiz Home Page** 

**Public Access Help**