

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90445 016 ***150.00

DOCUMENT # P03000116977

1. Entity Name

VERNACULAR INK RECORDS, INC.



Principal Place of Business

6534 NW 2ND STREET
MARGATE FL 33063

Mailing Address

C/O JERMAINE ANGLIN
PO BOX 6183
FT. LAUDERDALE FL 33310-6183

2. Principal Place of Business

349 NW 30th Ave
Suite, Apt. #, etc.
Ft. Lauderdale FL
City & State

3. Mailing Address

349 NW 30th Ave
Suite, Apt. #, etc.
Ft. Lauderdale FL
City & State



MOORE CR2E034 (11/03)

4. FIC Number

77-0618235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGLIN, JERMAINE
6534 NW 2ND STREET
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Brooks Fullwood
Street Address (P.O. Box Number is Not Acceptable)

349 NW 30th Ave
City Ft. Lauderdale FL Zip Code 33311

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 15/05

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANGLIN, JERMAINE ☒ Delete
STREET ADDRESS 6534 NW 2ND STREET
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Fullwood, Brooks ☐ Change ☒ Addition
NAME
STREET ADDRESS 349 NW 30th Ave
CITY-ST-ZIP Ft. Lauderdale FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 15/05 954-618-7953
Daytime Phone #