2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045274

Entity Name: CAPTIVE RECORDS, INC

FILED Aug 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6691 N. W. 25 COURT 909 NORTH EAST 214 LANE

SUNRISE, FL 33313 US

MIAMI, FL 33179 US

Current Mailing Address: New Mailing Address:

6691 N. W. 25 COURT 909 NORTH EAST 214 LANE

SUNRISE, FL 33313 US 4 MIAMI, FL 33179 US

FEI Number: 84-1686770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKER, ALAN J ALTIDOR, MOLIARD

4809 OAK CIRCLE 909 NORTH EAST 214 LANE

BOYNTON BEACH, FL 33436 US 4
MIAMI, FL 33179 US

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: MOLIARD ALTIDOR 08/02/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: (X) Change () Addition ALTIDOR, MOLIARD ALTIDOR, MOLIARD OWNER Name: Name: 6691 N. W. 25 COURT 909 NORTH EAST 214 LANE Address: Address: MIAMI, FL 33179 US City-St-Zip: SUNRISE, FL 33313 US City-St-Zip:

Title: VP,D Title: (X) Change () Addition () Delete Name: CHEVELON, MAKENCY Name: ALTIDOR, MARIE M OWNER 6691 N. W. 25 COURT 909 NORTH EAST 214 LANE Address: Address: SUNRISE, FL 33313 US MIAMI, FL 33179 US City-St-Zip: City-St-Zip:

Title: T,D (X) Delete Title: () Change () Addition

 Name:
 PARKER, ALÂN J
 Name:

 Address:
 4809 OAK CIRCLE
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33436 US
 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: MPLIARD ALTIDOR OWNE 08/02/2005