

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90057 026 \*\*\*150.00

**DOCUMENT # P04000060782**

1. Entity Name  
**UNIQUE RECORDING STUDIOS, INC.**



Principal Place of Business  
**21218 ST. ANDREWS BLVD. #412  
BOCA RATON, FL 33431**

Mailing Address  
**701 SEVENTH AVE  
NEW YORK, NY 10036**

**40002825**



2. Principal Place of Business

3. Mailing Address  
**21218 ST. ANDREWS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 412**

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State  
**BOCA RATON, FL**

4. FEI Number

**13-3312577**

Applied For

Not Applicable

Zip

**33433**

Country

Zip

**33433**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT, NATHAN  
124 SAINT CLOUD LANE  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **ROBERT NATHAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**21218 ST. ANDREWS BLVD #412**  
City **BOCA RATON** FL Zip Code **33433**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/11/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ROBERT, NATHAN**  
STREET ADDRESS **701 SEVENTH AVE**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **V** ☐ Delete  
NAME **JOANNE, GEORGIO-NATHAN**  
STREET ADDRESS **701 SEVENTH AVE**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **S** ☐ Delete  
NAME **JOANNE, GEORGIO-NATHAN**  
STREET ADDRESS **701 SEVENTH AVE**  
CITY-ST-ZIP **NEW YORK, NY 10036**

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** ☒ Change ☐ Addition  
NAME **ROBERT NATHAN**  
STREET ADDRESS **21218 ST. ANDREWS BLVD #412**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V** ☒ Change ☐ Addition  
NAME **JOANNE GEORGIO-NATHAN**  
STREET ADDRESS **21218 ST. ANDREWS BLVD #412**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **S** ☒ Change ☐ Addition  
NAME **JOANNE GEORGIO-NATHAN**  
STREET ADDRESS **21218 ST. ANDREWS BLVD #412**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

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

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

**ROBERT NATHAN President**

Date

Daytime Phone #

**1/11/05 917 854 5403**