

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 042 ***150.00

DOCUMENT # P04000106373

1. Entity Name
6 FINGER RECORDS, INC.



Principal Place of Business
**608 E DAVIS BLVD
TAMPA, FL 33606**

Mailing Address
**608 E DAVIS BLVD
TAMPA, FL 33606**

14018459



2. Principal Place of Business
608 E Davis Blvd
Suite, Apt. #, etc.

3. Mailing Address
608 E Davis Blvd
Suite, Apt. #, etc.

05042005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL
Zip
33606

Country
Hillborough

City & State
Tampa, FL
Zip
33606

Country
Hillborough

4. FEI Number
25-1911432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREE, JASON
608 E DAVIS BLVD
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **Free, Jason**
Street Address (P.O. Box Number is Not Acceptable)
608 E Davis Blvd.
City **Tampa** FL Zip Code **33606**

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

Jason Free
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

6-30-05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FREE, JASON 608 E DAVIS BLVD TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST FREE, ERIN 608 E DAVIS BLVD TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SHELburne, KINGMAN CODY III 8303 - 62ND CT E #1905 SARASOTA, FL 34243 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Jason Free
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05
Date

813-383-9202
Daytime Phone #