## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000120653

Entity Name: FORT KNOX RECORDS SECURITY COMPANY, INC.

FILED Jan 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18250 N.W. 2ND AVENUE 2040 DEWEY STREET SECOND FLOOR HOLLYWOOD, FL 33020 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 18250 N.W. 2ND AVENUE 2040 DEWEY STREET SECOND FLOOR HOLLYWOOD, FL 33020 MIAMI, FL 33169 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSEN, MARK L 18250 N.W. 2ND AVENUE SECOND FLOOR MIAMI, FL 33169 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROSEN, DAVID S Name: Name: 925 OLD FEDERAL HWY Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition SEMEL, STUART Name: Name: 925 OLD FEDERAL HWY Address: Address: HALLANDALE, FL 33009 City-St-Zip: 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: DAVID ROSEN VP 01/31/2005