

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015893

FILED
Apr 30, 2007
Secretary of State

Entity Name: BLACK SEA RECORDS GROUP, INC.

Current Principal Place of Business:

125 JEFFERSON LANE
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 548
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 20-2262031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, LYNDEN
125 JEFFERSON LANE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: COX, LYNDEN
Address: PO BOX 548
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: VP () Delete
Name: COX, WARREN
Address: 100 8TH AVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: S () Delete
Name: PIKE, CRYSTAL
Address: 125 JEFFERSON LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: T () Delete
Name: PIKE, CRYSTAL
Address: 125 JEFFERSON LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LYNDEN COX

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date