2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# P05000086558

Entity Name: LAST CHANCE RECORDS, INC.

Current Principal Place of Business:

1615 SHARKEY ST.
TALLAHASSEE, FL 323044624

New Principal Place of Business:

Current Mailing Address:

1615 SHARKEY ST.
TALLAHASSEE, FL 323044624

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZUR, SCOTT W PD
1401 RAA AVENUE
TALLAHASSEE, FL 32303 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: PD ( ) Delete
Name: MAZUR, SCOTT W
Address: 1401 RAA AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete
Name: MAZUR, ROBERT
Address: 1401 RAA AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete
Name: GRIFFORE, CHRIS
Address: 1615 SHARKEY ST.
City-St-Zip: TALLAHASSEE, FL 323044624

Title: TD ( ) Delete
Name: PARKINSON, W ALAN
Address: 1615 SHARKEY ST.
City-St-Zip: TALLAHASSEE, FL 323044624

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 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: SCOTT MAZUR PD 02/06/2007
Electronic Signature of Signing Officer or Director — Date