2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088009

Title:

Name:

Address:

City-St-Zip:

FILED Aug 28, 2008 Secretary of State

Entity Na	me: ANTI-AU	THORITY RECORDS INC.					
Current P	rincipal Place		New Principal Place of Business:				
	DEL SOL DR DRT, FL 33896						
Current Mailing Address:				New Mailing Address:			
	DEL SOL DR DRT, FL 33896						
FEI Number	: 38-3723725	FEI Number Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2731 EXE	VICES, INC. CUTIE PARK [, FL 33331	DR STE 4 US					
	named entity : e of Florida.	submits this statement for the	purpose of	changing it	ts registere	d office or registered agent, or bot	:h,
SIGNATU							_
	Electror	ic Signature of Registered Ag	gent			Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive th	ne prior notice	e.		
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	PTD () GLICK, BRYAN 327 LOMA DEL DAVENPORT, I	SOL DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition YAN J DEL SOL DR RT, FL 33896 US	
Title: Name: Address: City-St-Zip:	VSD () THOMAS, JOSI 7327 EASTVIE' LAKELAND, FL	N PL.		Title: Name: Address: City-St-Zip:	VSD THOMAS, J 7327 EAST LAKELAND		
Title: Name: Address: City-St-Zip:	TD () BARAJAS, THO 7950 NW 90TH TAMARAC, FL	AVE.		Title: Name: Address: City-St-Zip:	TD BARAJAS, 7950 NW 9 TAMARAC,		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TD

GLICK, TIMOTHY J

327 LOMA DEL SOL DRIVE

DAVENPORT, FL 33896 US

() Change (X) Addition

SIGNATURE: BRYAN J. GLICK CEO 08/28/2008

() Delete