2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Feb 14, 2007 8:00 am **Secretary of State DOCUMENT # P06000077077** 01-18-2007 90091 002 ***150.00 KIPLÍNG RECORDS, INC. Principal Place of Business Mailing Address 7415 CAMALE DRIVE 7415 CAMALE DRIVE PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20 5160065 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDGECOCK, RONALD W Street Address (P.O. Box Number is Not Acceptable) 7415 CAMALE DRIVE PENSACOLA, FL 32504 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recessered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Defete TITLE Change ■ Addition HEDGECOCK, RONALD W NAME NAME 7415 CAMALE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY, ST. 7P ☐ Defete Change TITLE ☐ Addition TITLE HEDGECOCK, RONALD WII NAME NALAF 7415 CAMALE DRIVE STREET ADDRESS STREET ADORESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE ☐ Addition TITLE HEDGEÇOCK, EMILY A NAME NAME 7415 CAMALE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP RITLE □ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition ☐ Delete TITLE T Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE MANA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 pther like empowered. January 10, 2007 850-476-7599

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