

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095699

Entity Name: DOLLAR CITY RECORDS, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

5065 GARDENS DRIVE  
ORLANDO, FL 32812

## New Principal Place of Business:

10663 SATINWOOD CIRCLE  
ORLANDO, FL 32825

## Current Mailing Address:

5065 GARDENS DRIVE  
ORLANDO, FL 32812

## New Mailing Address:

10663 SATINWOOD CIRCLE  
ORLANDO, FL 32825

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEYES, JOHN  
5065 GARDENS DRIVE  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

KEYES, JOHN  
10663 SATINWOOD CIRCLE  
ORLANDO, FL 32825 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: RANGER, MARLON  
Address: 8602 AD MIMS RD  
City-St-Zip: ORLANDO, FL 32818

Title: CEO ( ) Delete  
Name: INGRAM, REGINALD  
Address: 4430 MEDALLION DR UNIT 722  
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 5222 N ORANGE BLOSSOM TRAIL UNIT 204  
City-St-Zip: ORLANDO, FL 32810

Title: DST ( ) Delete  
Name: KEYES, JOHN  
Address: 5065 GARDENS DRIVE  
City-St-Zip: ORLANDO, FL 32812

## 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: JOHN KEYES

CHMN

04/29/2008

Electronic Signature of Signing Officer or Director

Date