

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90001-011-\$150.00-\$150.00

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -3 PM 2:51

<b>DOCUMENT # P06000139806</b> 1. Entity Name <b>SOUTH MOB RECORDS INC</b>																											
Principal Place of Business <b>567 S.E. CAMO STREET LAKE CITY, FL 32025</b>		Mailing Address <b>567 S.E. CAMO STREET LAKE CITY, FL 32025</b>																									
2. Principal Place of Business - No P.O. Box # <b>567 S.E. Camp St</b> Suite, Apt. #, etc.		3. Mailing Address <b>567 S.E. Camp St</b> Suite, Apt. #, etc.																									
City & State <b>Lake City, FL</b> Zip <b>32025</b> Country <b>Columbia</b>		City & State <b>Lake City, FL</b> Zip <b>32025</b> Country <b>Columbia</b>																									
4. FEI Number <b>20-587228</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		08232007 Chg-P CR2E034 (12/06) <b>20-587228</b>																									
6. Name and Address of Current Registered Agent <b>BELL, ROMOND Q 567 S.E. CAMO STREET LAKE CITY, FL 32025</b>		7. Name and Address of New Registered Agent Name <b>Bell, Romond Q</b> Street Address (P.O. Box Number is Not Acceptable) <b>567 S.E. Camp Street</b> City <b>Lake City, FL</b> Zip Code <b>32025</b>																									
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 <u><i>Romond Bell</i></u> DATE <u><i>9/2/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PVST</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BELL, ROMOND Q</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>567 S.E. CAMO STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32025</td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	BELL, ROMOND Q		STREET ADDRESS	567 S.E. CAMO STREET		CITY-ST-ZIP	LAKE CITY, FL 32025		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PVST</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bell, Romond Q</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>567 S.E. Camp Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lake City, FL 32025</td> <td></td> </tr> </table>		TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bell, Romond Q		STREET ADDRESS	567 S.E. Camp Street		CITY-ST-ZIP	Lake City, FL 32025	
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12. I hereby certify that the information supplied with this filing 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 other like empowered. SIGNATURE: <u><i>Romond Bell / Romond Bell</i></u> DATE <u><i>9/2/07</i></u> (437) 952-7520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											