

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005308

1. Entity Name
ANS RECORDS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 038 ***158.75

Principal Place of Business 7855 NW 29TH ST SUITE #182 MIAMI FL 33122 US	Mailing Address 7855 NW 29TH ST SUITE #182 MIAMI FL 33149-7344 US
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2. Principal Place of Business 9809 NW 80th Ave Suite, Apt. #, etc. 9-U	3. Mailing Address P.O. BOX 491344 Suite, Apt. #, etc.
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City & State HIALEAH GARDENS, FL	City & State KEY BISCAYNE, FL
Zip 33016	Zip 33149
Country USA	Country USA

4. FEI Number 65-0369403	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELASCO, ALEJANDRO
1608 NW 84 AVE
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
SELASCO, ALEJANDRO
Street Address (P.O. Box Number is Not Acceptable)
2200 BRIKELL AVE
APT #1
City
MIAMI
FL
Zip Code
33129

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.
SIGNATURE ALEJANDRO SELASCO (President) DATE 2/14/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SELASCO, ALEJANDRO N 1901 BRIKELL AVE, APT B401 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO SELASCO (President) DATE 2/14/2000 DAYTIME PHONE # (305) 860-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)