## **FILED**

## **2001 UNIFORM BUSINESS REPORT (UBR)**

May 11, 2001 8:00 am Secretary of State DOCUMENT # P92000010452 1. Entity Name IKUS RECORDS, INC. 05-11-2001 90037 015 \*\*\*150.00 Principal Place of Business Mailing Address 12245 SW 130TH STREET 12245 SW 130TH STREET MIAMI FL 33186 MIAM) FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0409555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILBERT, GLADSTONE A Street Address (P.O. Box Number is Not Acceptable) 12245 SW 130TH STREET MIAMI FL 33186 Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete □ Addition TITLE TITLE GILBERT, GLADSTONE A NAME NAME STREET ADDRESS STREET ADDRESS 12245 SW 130TH STREET CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE GILBERT, JACQUELINE E NAME NAME STREET ADDRESS STREET ADDRESS 12245 SW 130TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

GLADSTONE A. GILBERT TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

□ Delete

305-378- 44*1*7

Change

☐ Change

Addition

Addition