

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009154

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: BIG AL'S RECORDS & TAPES CORPORATION

## Current Principal Place of Business:

5258 NORWOOD AVE  
14  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

1680 DUNN AVE  
20  
JACKSONVILLE, FL 32218

## Current Mailing Address:

5258 NORWOOD AVE  
14  
JACKSONVILLE, FL 32208

## New Mailing Address:

1680 DUNN AVE  
20  
JACKSONVILLE, FL 32218

FEI Number: 59-3166169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, ANGELYN  
2836 SELAWICK LANE  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, ALFRED  
Address: 2863 SELAWICK LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: EVP ( ) Delete  
Name: SMITH, ANGELYN  
Address: 2863 SELAWICK LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Delete  
Name: STOKES, DWAYNE  
Address: 578 E 61 STREET  
City-St-Zip: JACKSONVILLE, FL 32208

## 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:

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: ANGELYN SMITH

EVP

03/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date