

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025155

1. Entity Name

WAB NATION RECORDS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90064 027 ***150.00

Principal Place of Business

Mailing Address

13144 N 22ND ST.
#202
TAMPA FL 33647

13144 N 22ND ST.
#202
TAMPA FL 33612-9430

2. Principal Place of Business

7401 N. 56th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 123

City & State

TAMPA, FL

City & State

Zip

33617

Country

USA

Zip

Country

4. FEI Number

65-0504231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIRITI, JOSEPH A JR.
1001 S BAYSHORE DR
SUITE 2410
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(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. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete
NAME BROOKS, WARREN A
STREET ADDRESS 7126 YARLEY WAY
CITY-ST-ZIP TAMPA FL

TITLE DCEO ☒ Change ☐ Addition
NAME Brooks, Warren A
STREET ADDRESS 7401 N 56th St Apt 123
CITY-ST-ZIP TAMPA FL 33617

TITLE P ☐ Delete
NAME FRIESEN, ANTHONY L
STREET ADDRESS 7126 YARLEY WAY
CITY-ST-ZIP TAMPA FL

TITLE P ☒ Change ☐ Addition
NAME FRIESEN, ANTHONY L
STREET ADDRESS 7401 N 56th St Apt 123
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

Warren A Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

Daytime Phone #

813
971-7402

CR2E034 (9/99)