

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90140 026 ***150.00

DOCUMENT # P93000025155

1. Entity Name
WAB NATION RECORDS, INC.



Principal Place of Business
**7401 NORTH 56TH STREET
APT. 123
TAMPA FL 33617**

Mailing Address
**P.O BOX 311443
TAMPA FL 33680-1443**

2. Principal Place of Business

4837 McElroy Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number **65-0504231**

Applied For
Not Applicable

Zip Country
33611 AMERICA

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete
NAME **BROOKS, WARREN A**
STREET ADDRESS **7401 NORTH 56TH STREET APT. 123**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **DCEO** ☒ Change ☐ Addition
NAME **BROOKS, WARREN A.**
STREET ADDRESS **4837 McElroy Ave**
CITY-ST-ZIP **Tampa, Fla. 33611**

TITLE **P** ☐ Delete
NAME **FRIESEN, ANTHONY L**
STREET ADDRESS **7401 NORTH 56TH STREET APT. 123**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **DCEO** ☒ Change ☐ Addition
NAME **FRIESEN, ANTHONY L.**
STREET ADDRESS **4837 McElroy Ave**
CITY-ST-ZIP **Tampa, Fla. 33611**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03

CR2E034 (10/02)