FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000014461 (5) **DOCUMENT #** UGLY SISTERS RECORDS, INC. Mailing Address Principal Place of Business 17 MEANDER LN. 17 MEANDER LN. **LEVITTOWN NY 11756 LEVITTOWN NY 11756** 2. Principal Place of Business 2a. Mailing Address 10275 COLLINS AVE Suite, Apt. #, etc Suite, Apt. #, etc 1520 1520 City & State City & State BAL RAL 29 9. Name and Address of Current Registered Agent GRANAT, JACK 230 174TH ST.

FILED Mar 20 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1994 Applied For 10275 COLLINS AVE 65-0469263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing HARBOUR Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1616** COLLINS N. MIAMI FL 33160 84 Zip Code 33/5 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept up obligations of Section 607.0505, Florida Statutes. JACK GRANAT **SIGNATURE** red when re-ostating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE GRANAT, JEANETTE W 1,2 NAME 10275 COLLINS AVE. APT# 1520 230 174TH ST. #1616 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL BAL HARBOUR 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE JACK GRANAT 2.2 NAME NAME 10275 COLLINS AVE. APT # 1520 2.3 STREET ADDRES STREET ADDRESS BAL HARBOUR FL 33154 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-SY-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE ☐ Addition TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 City-ST-ZIP

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

3/14/95 305-