## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 30, 2001 08:00 AM DOCUMENT # P9400078627 Entity Name **Secretary of State** UNDERGROUND RECORD SOURCE, INC. Principal Place of Business Mailing Address 926 N. MILLS AVE. 926 N. MILLS AVE. ORLANDO FL ORLANDO FL 32803 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3286912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THALWITZER KURT MOORE STEVEN MATEER HARBERT & BATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 926 N. MILLS AVE. 225 ROBINSON ST. ORLANDO FL32801 US City Zip Code ORLANDO 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. STEVEN C. MOORE 07/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE ☐ Addition ROBERT MAME CLARK NAME 1907 E. WEBER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP D ☐ Delete TITLE X Change NAME CLARK TERRI NAME MOORE CPRESIDE STREET ADDRESS 14036 MARINE DR. STREET ADDRESS 926 N. MILLS AVE. CITY-ST-ZIP ORLANDO FL 32832 CITY-ST-ZIP ORLANDO FL32803 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

07/30/2001

Daytime Phone #

Date

SIGNATURE: \_\_Steven C. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)