## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P95000011410 J.B. RECORDS, INC. 01-24-2001 90045 036 \*\*\*150.00 Mailing Address Principal Place of Business 1880 CENTURY PARK EAST 424-A FLEMING STREET **SUITE 1600** KEY WEST FL 33040 LOS ANGELES CA 90067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0558684 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE TITLE BUFFETT, JIMMY NAME NAME 1880 CENTURY PARK EAST, STE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Change ☐ Addition TITLE ☐ Delete TITLE RENNERT, IRWIN NAME NAME 1880 CENTRUY PARK EAST, STE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOS ANGELES CA 90067 CITY-ST-ZIP · Change ☐ Addition ☐ Delete DIRE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED