

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PA5000074500

1. Entity Name

Prairie Moon Records Incorporated

Principal Place of Business

630 U.S. Hwy 1
Suite 205
N. Palm Beach FL 33408

Mailing Address

630 US Hwy 1
Suite 205
N. Palm Beach FL 33408

2. Principal Place of Business

292 S. County Rd.

3. Mailing Address

675 Third Ave

Suite, Apt. #, etc.

Suite 213

Suite, Apt. #, etc.

3rd Floor

City & State

Palm Beach FL

City & State

New York NY

4. FEI Number

65-0670353

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

10017

Country

USA

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

Slavin, Michael A
4440 PGA Blvd. Suite 402
Palm Beach Gardens, FL 33410

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 PT
NAME Durr Nicole
STREET ADDRESS 630 US Hwy 1, Suite 205
CITY-ST-ZIP N. Palm Beach FL 33408

☐ Delete

TITLE PT
NAME Durr Nicole
STREET ADDRESS 675 Third Ave - 3rd Floor
CITY-ST-ZIP New York NY 10017

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE S
NAME Bielski Karen
STREET ADDRESS 292 S. County Rd. Suite 213
CITY-ST-ZIP Palm Beach FL 33480

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Karen Bielski KAREN BIELSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

561-379-7134

Daytime Phone #

CR2E034 (9/99)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90012 003 ***150.00

C0089597

DO NOT WRITE IN THIS SPACE