

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000074500** ✓

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 U.S. Hwy 1
Suite 205**

N. Palm Beach, FL 33408

2. Principal Place of Business

292 S. County Rd

Suite, Apt. #, etc.

Suite 213

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Address

675 Third Ave

Suite, Apt. #, etc.

3rd Floor

City & State

New York, N.Y.

Zip

10017

Country

USA

c/o PRAGER & FENTON

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0670353

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Slavin, Michael A

4440 PGA BLVD. Suite 402

Palm Beach Gardens, FL 33410

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PT** ☐ Delete
NAME **Durr Nicole**
STREET ADDRESS **675 Third Ave - 3rd Floor**
CITY-ST-ZIP **New York, N.Y. 10017**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/01

CR2E034 (11/00)