

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 027 ***150.00

DOCUMENT # 95000075167 ✓

1. Entity Name

DART RECORDS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI FL

3. Mailing Address

1348 Washington #283

Suite, Apt. #, etc.

1348 Washington

Suite, Apt. #, etc.

Miami Beach

City & State

Miami

City & State

FL

DO NOT WRITE IN THIS SPACE

Zip

33139

Country

None

Zip

33139

Country

None

4. FEI Number

650620666

Applied For

☐ Not Applicable

5. Certificate of Status Required ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony Beatty

Street Address (P.O. Box Number is Not Acceptable)

1348 Washington #283

Miami Beach, FL

City

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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. ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>Pres</u>
NAME	<u>Anthony Beatty</u>
STREET ADDRESS	<u>1348 Washington #283</u>
CITY-ST-ZIP	<u>MB FL 33139</u>
TITLE	<u>VP</u>
NAME	<u>Scott Farrell</u>
STREET ADDRESS	<u>1348 Washington #283</u>
CITY-ST-ZIP	<u>MB FL 33139</u>
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)