

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90018 019 \*\*\*150.00

**DOCUMENT # P97000042965**

1. Entity Name  
**LIL' BRO RECORDS, INC.**

Principal Place of Business <b>3085 MCSHERRY DR          LAKEWORTH FL 33461          US</b>	Mailing Address <b>3085 MCSHERRY DR          LAKEWORTH FL 33461          US</b>
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2. Principal Place of Business <b>1184 W 35<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b> Country <b>Palm Beach</b>	3. Mailing Address <b>1184 W 35<sup>th</sup> Street</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b> Country <b>Palm Beach</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0808744** Applied For   
 Not Applicable

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**

**BUTLER, WILLIS J  
 544 NW 10 AVE  
 BOYNTON BEACH FL 33435**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	<b>BUTLER, WILLIS J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Willis Butler, J</b>
STREET ADDRESS	<b>3085 MCSHERRY DR</b>	STREET ADDRESS	<b>1184 W 35<sup>th</sup> Street #2</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33435</b>	CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/2001** Daytime Phone # **561-881-9726**

CR2E034 (10/00)