

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90187 049 \*\*\*150.00

DOCUMENT # P97000043921

1. Corporation Name  
FORBIDDEN RECORDS, INC.



Principal Place of Business

1713 ACME ST  
ORLANDO FL 32805  
US

Mailing Address

1713 ACME ST  
ORLANDO FL 32805  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3455544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 808 BAMBI AVE

2a. Mailing Address

26 PO Box 555488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ALTAMONTE SPRINGS, FL

City & State

28 ORLANDO, FL

Zip

24 32714

Country

25 SEMINOLE

Zip

29 32855-5488

Country

30 ORANGE

9. Name and Address of Current Registered Agent

ALLEN & DILL, PA  
1515 S ORLANDO AVE  
STE X  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ALLEN, FRANK T  
STREET ADDRESS 220 COMPETITION DR  
CITY-ST-ZIP KISSIMMEE FL 34743

☐ DELETE

TITLE D  
NAME CAMNITZ, TERRY L  
STREET ADDRESS 233 RED ROSE CIR  
CITY-ST-ZIP ORLANDO FL 32835

☒ DELETE

TITLE D  
NAME BRODIE, JILL T  
STREET ADDRESS 1055 ROYAL OAKS DRIVE  
CITY-ST-ZIP APOPKA FL 32703

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill T. Brodie  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/30/99

Date

407-884-4113

Daytime Phone #

CR2E034 (11/98)