

AMENDED #61.25
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050725

1. Entity Name
 Namrah Records, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 977 Sand Lake Road

3. Mailing Address
 977 Sand Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando

4. FEI Number
 593461339

Applied For
 Not Applicable

Zip
 32809

Country
 USA

Zip
 32809

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
 Donna L. Draves

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

120 E. Concord Street

City
 Orlando

FL

Zip Code
 32801

**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 _____ 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)

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

~~PD - DELETE~~
 MARK T. HARMON
 957 Sand Lake Road
 Orlando, FL 32809

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 400007809874--2
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TITLE
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

PD
 MICHAEL R. HILGAR **ADD**
 977 Sand Lake Road
 Orlando, FL 32809

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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: Michael R. Hilgar 9-10-02 407-858-5108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)