

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90255 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P97000050725</b> 1. Entity Name <b>NOMRAH RECORDS, INC.</b>			
Principal Place of Business <b>967 SAND LAKE RD.</b> <b>ORLANDO, FL 32809</b> US		Mailing Address <b>997 SAND LAKE RD.</b> <b>ORLANDO, FL 32809</b> US	
2. Principal Place of Business <b>774 So. Northlake Blvd.</b> Suite, Apt. #, etc. <b>Suite 1016</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b> Country <b>USA</b>		3. Mailing Address <b>774 So. Northlake Blvd.</b> Suite, Apt. #, etc. <b>Suite 1016</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b> Country <b>USA</b>	
4. FEI Number <b>59-3461339</b> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DRAVES, DONNA L</b> <b>120 E. CONCORD STREET</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HARMON, MARK T</b> <b>967 SAND LAKE RD.</b> <b>ORLANDO, FL 32809</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>774 So. Northlake Blvd.</b> <b>Altamonte Springs, FL 32701</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.			
SIGNATURE: <b>Mark T. Harmon</b> 4-30-03 407 466 8196 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/02)