## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000054195

Entity Name: BLACK SHADOW RECORDS, INC.

1860 N.W. 191ST STREET

MIAMI, FL 33056

Address:

City-St-Zip:

FILED Feb 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1860 N.W. 191ST STREET MIAMI, FL 33056 **Current Mailing Address: New Mailing Address:** 2111 NW 139TH STREET STE 14 OPA LOCKA, FL 33054 FEI Number: 65-0787198 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOUTHIT, MARC ANTHONY ESQ. 1800 BISCAYNE BOULEVARD SUITE 950 MIAMI, FL 33161 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RAMI, TROY Name: Name: 1860 N.W. 191ST STREET Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: SD Title: () Delete (X) Change ( ) Addition RAMI. WESLEY Name: Name: RAMI, WESLEY

Address:

Citv-St-Zip:

2111 NW 139TH ST BAY 13

OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY RAMI MR 02/20/2008