

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000055537**

1. Entity Name

TOPLINE RECORDS INC.**FILED**
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 004 ***150.00

Principal Place of Business

Mailing Address

892 NE 154TH STREET
NORTH MIAMI BEACH FL 33162
US892 NE 154TH ST.
NORTH MIAMI BEACH FL 33162-5235
US

2. Principal Place of Business

3. Mailing Address

14699 NE 18th Ave

14699 NE 18th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 7B

Apt 7B

City & State

City & State

North Miami, FL

North Miami, FL

Zip

Country

Zip

Country

33181

USA

33181

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TATE, EUNICE
892 NE 154TH ST.
N. MIAMI FL 33162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EDWARDS, JERMAINE 892 NE 154TH ST. N. MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, SOPHIA 1850 NE 142ND STREET #7H NORTH MIAMI BEACH FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Daytime Phone #

CR2E034 (9/99)

Attachment D00#
P97000058537
D0532119

To Whom This may concern

A Few months ago I had
informed the department of the
Corporation address change. The
reinstatement form was still sent to
a prior address.

Thank you

Jermaine Edwards

305 945-5261