


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000081431 1. Entity Name UPPER ROOM RECORDING, INC.		
Principal Place of Business 455 NE 2ND STREET BOCA RATON, FL 33432	Mailing Address 455 NE 2ND STREET BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BACZEWSKI, DAWN 455 NE 2ND STREET BOCA RATON, FL 33432		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACZEWSKI, CHRIS 455 NE 2ND STREET BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACZEWSKI, DAWN 455 NE 2ND STREET BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.		
SIGNATURE: <u><i>Dawn Baczewski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <u>1/8/07</u> <small>Date</small> <u>561-392-8161</u> <small>Daytime Phone #</small> </div>



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0798272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000582169
01/11/07-80021-002 158.75