2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2008 08:00 AM Secretary of State **DOCUMENT # P97000081431** 1. Entity Name UPPER ROOM RECORDING, INC. Principal Place of Business Mailing Address 455 NE 2ND STREET 455 NE 2ND STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) 02142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0798272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BACZEWSKI, DAWN DO NOT WRITE 455 NE 2ND STREET BOCA RATON, FL 33432 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) iiiiiiiiii022157 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE D BACZEWSKI, CHRIS NAME STREET ADDRESS 455 NE 2ND STREET CITY - ST-ZIP BOCA RATON, FL 33432 TITLE BACZEWSKI, DAWN NAME 455 NE 2ND STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 as 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 a rescribent with an address, with all other like empowered.

CICNATUDE.

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

DAWN BACZEWSKI

2/14/08

561-392-8161

FILED