

DOCUMENT # P98000010350

1. Entity Name  
BACK/DOOR RECORDS, CD'S & EQUIPMENT, INC.

Principal Place of Business Mailing Address  
308 W. HALLANDALE BCH BLVD 308 W. HALLANDALE BCH BLVD  
HALLANDALE FL 33009 HALLANDALE FL 33009

2. Principal Place of Business 3. Mailing Address  
308 W. Hallandale Bch Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hallandale Bch.  
Zip 33009 Country USA Zip 33009 Country

6. Name and Address of Current Registered Agent

CRUPI, ANTHONY  
5914 N. FARRAGUT STREET DR.  
HOLLYWOOD FL 33021

4. FEI Number 65-0809971 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name CRUPI, Anthony  
Street Address (P.O. Box Number is Not Acceptable)  
5914 N. FARRAGUT DR.  
City Hollywood FL Zip Code 33021

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 *Anthony Crupi* (NOTE: Registered Agent signature required when reinstating)  
01/04/01

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CRUPI, ANTHONY	5914 N. FARRAGUT STREET DR.	HOLLYWOOD FL 33021	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CRUPI, Anthony	5914 N. FARRAGUT DR.	HLWD. FL. 33021	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Anthony Crupi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01  
Date Daytime Phone #

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90047 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)