

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 31 AM 8:53

DOCUMENT # P98000033443

1. Corporation Name

SUBCULTURE RECORDS, INC.

Principal Place of Business

649 SW Whitmore Dr
PORT ST. LUCIE, FL 34984

Mailing Address

649 S.W. Whitmore Dr
PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/10/98

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 649 SW Whitmore Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 649 SW Whitmore Drive
Suite, Apt. #, etc.

22 City & State

23 Port St. Lucie, FL

27 City & State

28 Port St. Lucie, FL

24 Zip

34984

25 Country

US

29 Zip

34984

30 Country

US

9. Name and Address of Current Registered Agent

Scott B. Christina
614 S.E. Evergreen Terrace
PORT ST. LUCIE, FL 34983

10. Name and Address of New Registered Agent

81 Name

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

000002977210--0

83

09/02/99-01069-016

84 City

***150.00 ***150.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Scott B. Christina
614 SE Evergreen Terrace
PORT ST. LUCIE, FL 34983

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

8/16/99

Date

Daytime Phone #

CR2E034 (1/98)

SUBCULTURE

RECORDS

Sean Toner
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

Enclosed you will find a check for \$150.00 and my 1999 Annual Report. This is my first corporation, and as such was unaware that such a report would be required, therefore I was not expecting anything from your Department. I found out about this requirement from an associate who is helping with the business aspects of my venture. I did not receive the pre-printed form to file. When I was made aware of this requirement, I immediately contacted your Department and ordered this blank Annual Report so that my company can be valid. I understand that the late filing fee is \$550.00, but I am a new company and have few funds, I hope this can remedy this situation and I can assure you that this will never happen again.

Thank you so much for your consideration on this matter. If there are any questions or comments, please do not hesitate to contact me at (561) 879-3418.

Sincerely;



Scott Christina
President