Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90011 036 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000060993

1. Corporation Name

BLACKSHIELD RECORDS, INC.

DENONO	THEED THEOSTIDO, INC.											
Principal Place	e of Business	Mailing Add	iress									
1845 S.W. 102ND WAY PEMBROKE PINES FL 33025		1845 S.W. 102ND WAY PEMBROKE PINES FL 33025								,		
TEMPHONE TH						<del>-</del>	DO NOT WRITE IN	THIS SPA	ACE		7	
•							3. Date Incorporated or Qualifed 07/09/1998				}	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		i App	lied For		
21		26					65-0849677	_		Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$	\$8.75 Additional Fee Required			
City & Stat	e	City & S	State				6. Election Campaign Financing		\$5.00	vlay Be	1	
23		28	2				Trust Fund Contribution		Added to	Fees	1	
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year			_		
24	25	29	[	30			Personal Property Tax.			□No	1	
	9. Name and Address of Curren	t Registered Ag	gent				10. Name and Address of New Registe	ered Age	<u> •nt</u>		┥	
					81	Name						
	CK, JONATHAN R				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				1	
	N.W. 75TH WAY				Ш						┨	
PLA	NTATION FL 33317				83						1	
					84	City		8	35 Zip C	ode	1	
					1 1	•		FL	\	_	_	
affina ar i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such tions of, Section	607.0505, Flor	itnorized ida Stati	utes.	ine corporation	ration submits this statement for the purpor n's board of directors. I hereby accept the a	рропал	ent as reg	istered		
	Signature, typed or printed name of registered ager		(NOTE:	<u> </u>	Agent	t signature required	when reinstating) DA* ADDITIONS/CHANGES TO OFFICER		DIRECTO	29 IN 12	-1 3	
12.		ID DIRECTORS	□ DEL ETE	13.	D.F.		ADDITIONS/CHANGES TO OFFICER		Change	Addition	∄ ;	
TITLE	D IEDONE ID		☐ DELETE	1.1 Π1				_	7 4.10.19.		;	
NAME	BYRD, JEROME JR.					- 1					1 9	
STREET ADDRESS				1,2 N								
C/TY-ST-ZIP	PEMBROKE PINES FL 33025			1.3 ST	REET	ADDRESS					1 1	
TITLE		v.,	□ pri ett	1.3 ST 1.4 CI	TREET	1			1 Change	□ Addition	}	
NAME	D CONTRACT CONTRACT	···	☐ DELETE	1.3 ST 1.4 CI 2.1 TI	TREET TY-ST	1				Addition		
STREET ADDRESS	ARENAS, EMILIO	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1,3 ST 1,4 CI 2,1 TI 2,2 N/	TREET. TY-ST TLE AME	T-ZIP			] Change	☐ Addition		
	ARENAS, EMILIO 9630 JOHONSON STREET		DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TREET TY-ST TLE AME	ADDRESS			] Change	☐ Addition		
CITY-ST-ZIP	ARENAS, EMILIO			1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	TREET. TY-ST. TLE AME TREET	ADDRESS			Change	☐ Addition		
CITY-ST-ZIP TITLE	ARENAS, EMILIO 9630 JOHONSON STREET		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	TY-ST TLE AME TREET STY-ST	ADDRESS						
TITLE NAME	ARENAS, EMILIO 9630 JOHONSON STREET			1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TREET. TY-ST TLE AME TREET TTY-ST TLE	ADDRESS T-ZIP						
TITLE NAME STREET ADDRESS	ARENAS, EMILIO 9630 JOHONSON STREET			1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	TREET. TY-ST. TLE AME TREET TLE TLE AME TREET	ADDRESS T-ZIP ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARENAS, EMILIO 9630 JOHONSON STREET		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4 C	TREET. TY-ST. TLE AME TREET TLE AME TREET	ADDRESS T-ZIP ADDRESS			] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ARENAS, EMILIO 9630 JOHONSON STREET			1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 C 4.1 TI	TREET. TY-ST TLE AME TREET TLE AME TREET TLE TREET TREET	ADDRESS T-ZIP  ADDRESS T-ZIP  T-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ARENAS, EMILIO 9630 JOHONSON STREET		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4. C 4.1 TI	TREET. TY-ST. TILE  AME TREET TILE  AME TREET TILE  TREET TILE  TREET TILE  TREET TILE	ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP			] Change	☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ARENAS, EMILIO 9630 JOHONSON STREET		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/2 2.3 ST 2.4 C 3.1 TI 3.2 N/3 3.3 ST 3.4 C 4.1 TI 74:2 N/4 3.5 ST 4.3 ST	TREET. TY-ST TLE AME TREET TILE AME TREET TILE TREET TILE TREET TILE TREET TILE TREET TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			] Change	☐ Addition		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ARENAS, EMILIO 9630 JOHONSON STREET PEMBROKE PINES FL 33024		DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TREET. TY-ST TILE  AME TREET TILE  AME TREET TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		C C	Change	Addition		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	ARENAS, EMILIO 9630 JOHONSON STREET PEMBROKE PINES FL 33024		DELETE  DELETE	1.3 ST  1.4 CI  2.1 TI  2.2 NJ  2.3 ST  2.4 C  3.1 TI  3.2 NJ  3.3 ST  3.4 C  4.1 TI  5.2 NJ  5.3 ST  5.4 CI  6.1 TI  6.2 NJ	TREET. TY-ST TILE  AME TREET  AME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS		, ,	Change	Addition  Addition		

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 changet, or on an attachment with an address, with all other like empowered.