

2002 Uniform Business Report ((Amended))  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **99000069488**

1. Entity Name

Lofton Creek Records, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5912 New Kings Road, Inc.

3. Mailing Address

P.O. Box 61387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32209

City & State

Jacksonville, FL

4. FEI Number

59-3526865

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32236-1387

Country

USA

5. Certificate of Status Desired **XX**

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

James A. Nolan, P.A.

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

1 Independent Drive

Suite 2000

City

Jacksonville,

FL

Zip Code  
32202

**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.

SIGNATURE **James A. Nolan, P.A.**

July 10, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

P

Shafer, Harold A.  
5912 New Kings Road  
Jacksonville, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V

Borchetta, Michael  
209 10th Ave. South, 3Ste. 325  
Nashville, TN 37203

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S/T

Shafer, Vicki  
5912 New Kings Road  
Jacksonville, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

*Harold A. Shafer*

Harold A. Shafer, #7/10/02

904-766-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(pres)

Date

Daytime Phone #

FILED

**FILED**

**Jul 16, 2002 8:00 A.M.**

**Secretary of State**

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)