

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91192 041 \*\*\*150.00

0619919 AV

**DOCUMENT # P98000091393**

1. Entity Name  
**RAINBOW RECORDS, INC.**



Principal Place of Business  
**2104 DEL PRADO BLVD  
SUITE 2  
CAPE CORAL FL 33990**

Mailing Address  
**6285 SCOTT LANE  
FORT MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

**1 HUNTING LODGE DR**  
Suite, Apt. #, etc.

**1 HUNTING LODGE DR**  
Suite, Apt. #, etc.

City & State

**BLACK MOUNTAIN, N.C.**

City & State

**BLACK MOUNTAIN, N.C.**

4. FEI Number **65-0876921**

Applied For  
 Not Applicable

Zip  
**28711**

Country  
**USA**

Zip  
**28711**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERNST, JANICE  
6285 SCOTT LANE  
FORT MYERS FL 33912**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERNST, JANICE</b>	
STREET ADDRESS	<b>6285 SCOTT LANE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNST, JANICE</b>	
STREET ADDRESS	<b>1 HUNTING LODGE DRIVE</b>	
CITY-ST-ZIP	<b>BLACK MOUNTAIN, N.C. 28711</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRES 2/10/03 239-768-6542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)