## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900037335

1. Entity Name

JACK OF HEARTS RECORDING



## FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90281 043 \*\*\*150.00

CORP.								
					90105908			
	DO NOT WRITE	IN THIS S	PAC	E				
9 Principal O	face of Business	2 Maillen Addana				•		
32.	2 ELMIRA CT.	3. Mailing Address	ira 1	CT.				
Suite Apt. #, etc. Palm Black Royal F				n Beach	DO NOT WRITE IN THIS SPACE			
RPB, T	LORIDA	RTB.	FLOR	ZDA	4. FEI NO	-091125=	3	Applied For Not Applicable
ر 334	Country C	Zip 33411	Count	rca	5. Certific	cate of Status Desired		<b>75</b> Additional Required
	111 : V=11	1 20 111			7. Name a	nd Address of Curfent I	~~~~	
W				Name ANDREW BLAST				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE						GLADE	3 NP	
				City O	5/t_	110		Zin Codo
				City BOCK	7 RM	770N	FL	334 <i>3</i> 4
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	d office or registere	ed agent, o	or both, in the State of Floo	rida, I am familia	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature required	when reinstatin	g)	DATE	
	nuary 1 - May 1 Fee Is \$150.00				9	. Election Campaign Fina	ancina	\$5.00 · · · ·
After May 1, Fee is \$550.00 Amended UBR is \$61.25					; 3.	Trust Fund Contribution		\$5.00 May Be Added to Fees
Make Check 10.	Payable to Florida Department of OFFICERS AND I	**********************************	************************************			***************************************	*************	******************************
TITLE	P	3112010110	TITLE					
	SUSAN ALLOY DE	7 RID	NAME					
STREET ADDRESS CITY-ST-ZIP	322 Elmira CH	• .	. / 8000000	T ADDRESS ST-7IP				
TITLE	Korjaltalin Bl	2ach, FL 3341	// mis					
NAME	0		NAME					
STREET ADDRESS			8 ******	T ADDRESS				
CITY-ST-ZIP			- 8	ST-ZIP.				
Title Name			TITLE NAME					
STREET ADDRESS	والمساورة والمساورة	للعرب يُشِيِّب دوال سياليد الد	- STREE	T ADDRESS		DO NOT	MOIT	=
CITY-ST-ZIP	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	СПҮ-	ST-ZIP		DO NOT '	AALZII	
TITLE			TITLE			IN THIS S	SPACE	-
NAME STREET ADDRESS			NAME STREE	T AODRESS				_
CITY-ST-ZIP			8	ST-ZIP				
TITLE			TITLE					
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			8	T ADORESS ST: ZIP				
TITLE			. πιε				*****************************	
NAME			NAME					
STREET ADDRESS			8.333333	T ADDRESS				
CITY-ST-ZIP	portify that the intermetion available with	this filing does not publish to	8300000	ST-ZIP	ation 110 °	7(3)(i) Florida Statutes I	further cortile th	et the information

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

SIGNATURE:

SUSAW ULLOG ALL FUT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-21-03 800-295-8340