

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

DOCUMENT # **P99000057539**

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



**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90132 048 \*\*\*150.00

0409146 AV

Principal Place of Business  
**9770 S. MILITARY TRAIL  
SUITE B7  
BOYNTON BEACH FL 33436**

Mailing Address  
**9770 S MILITARY TRAIL  
SUITE B7  
BOYNTON BEACH FL 33436  
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0939736** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BACH, ALEXANDRA  
9770 S MILITARY TRAIL  
SUITE B7, #777  
BOYNTON BEACH FL 33436**

Please  
Remove!

7. Name and Address of New Registered Agent

Name **BACH, ALEXANDRA**  
Street Address (P.O. Box Number is Not Acceptable)  
**9770 S. MILITARY TRAIL, STE B7,**  
City **BOYNTON BCH** FL Zip Code **33436**

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 **Alexandra BACH**

**1/27/03**

Signature of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REICHBACH, CARY</b> <b>2500 NW 23RD STREET</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BACHE, ALEXANDRA</b> <b>9770 S MILITARY TR STE B7, #777</b> <b>BOYNTON BEACH FL 33436</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alexandra BACH**

**1/27/03** **561-870-6883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)