ceu904-945-7886

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9900065466 1. Entity Name CHOKEHOLD RECORDS, INC.									03 SEP 25 PM I2				
Principal Place of Business 7863 CAXTON CIRCLE EAST JACKSONVILLE FL 32208				Mailing Address 7863 CAXTON CIRCLE EAST JACKSONVILLE FL 32208					SECRETARY OF STALLAHASSEE, FLO				0 JUN 2011
Principal Place of Business Mailing Address													
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State					4 . F	El Number 59-3592389		-	+	lied For Applicable
Zip Country		Zip C		Count	ry	5. Certificate of Status Desired			Z	\$8.75 Fee Req		onal	
6. Name and Address of Current i				L I Registered Agent			7. Name and Address of New Registered Agent						
						Name							, ,
LUDWIG, JEFFREY R 6620 SOUTHPOINT DRIVE SOUTH						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 200	כ				Ì		•				7		
JACKSONVILLE FL 32216						City				FL	Zip 0	Code	
the obliga	named entit tions of regist		or the purp	pose of changing its	registere	d office or	registere	ed age	ent, or both, in the State of Flo	rida. I am	familiar w	ith, an	id accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOT	E: Registered	Agent signatu	re required v	when reir	nstating)	DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									Election Campaign Fin Trust Fund Contribution				May Be Fees
10.		OFFICERS AND	DIRECTO	DRS	11.			ADI	DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JAMES IV TON CIRCLE EAST VILLE FL 32208	· · · · ·	☐ Delete			78G	D/(3 (I IAM AWBREFIE JAMES RUSSEL CAXTON CIRCLE	1 <u>I</u> K			'
TITLE				☐ Delete	TITLE						☐ Chan		Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Celete		t address St-zip					☐ Chan		Addition Addition
12. I hereby of indicated of the correctanged,	certify that the lon this repor poration or the , or on an atta	e information supplied with it or supplemental report in the receiver or trusted emp achment with an address,	n this filing s true and owered to with all of	does not qualify for accurate and that r execute this report her like empowered.	r the exen ny signatu as require	nption stat ure shall ha ed by Cha	ed in Sec ave the sa pter 607,	ction 1 ame le Florid	19.07(3)(i), Florida Statutes. (egal effect as if made under o la Statutes; and that my name சிலா	further ce ath; that I appears i	rtify that the am an officin Block 10	ne inforcer or Bi	rmation director lock 11 if

FLORIDA DIVISION OF CORPORATIONS

ENTITY NAME: CHOKEHOLD RECORDS, INC
FEI NUMBER: 59-3592389
DOCUMENT NUMBER: P99000065466
PERSON OF CONTACT: JAMES RUSSELL IV
MAILING ADDRESS: 7863 CAXTON CIRCLE EAST JAX,FL 32208

RE: UNIFORM BUSINESS REPORT/LATE FEE DISMISSAL REQUEST

DEAR SIR OR MADAME, I AM RESPECTIVELY REQUESTING THAT THE LATE FEE BE DISMISSED. I HAVE ALREADY SENT AN ORIGINAL \$150 PAYMENT BY WAY OF THE UNITED STATES POSTAL MONEY ORDER, TO THE APPROPRIATE ADDRESS, BEFORE THE DEADLINE FOR MY (U.B.R.)... HOWEVER I RECEIVED A NOTICE STATING THAT YOU HAVE NOT RECEIVED IT, GIVING ME A SECOND DEADLINE OF 9-10-03. I CONTACTED YOUR OFFICE(850-245-6059) AND SPOKE WITH AN EXAMINER, INSTRUCTING ME TO SEND IN AN ADDITIONAL PAYMENT OF \$150, WHILE THE POST OFFICE RESEARCHES WHETHER THE ORIGINAL \$150 MONEY ORDER INITIALLY SENT, HAS BEEN CASHED BY THE DEPARTMENT OF CORPORATIONS. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL ME AT (904)945-7886 OR (904)768-2786.

THANK-YOU SINCERELY
JAMES RUSSELL IV