

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000089941

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90419 011 ***150.00

1. Entity Name

CITYSIDE EXPRESS RECORDS INC.

Principal Place of Business

Mailing Address

1209 STERNS STREET
 TALLAHASSEE FL 32310

PO BOX 7326
 TALLAHASSEE FL 32314-7326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3635623

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, STEVE
 1209 STERNS STREET
 TALLAHASSEE FL 32310

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner/President	<input type="checkbox"/> Delete
NAME	Alonzo Davis	
STREET ADDRESS	1209 Sterns St.	
CITY-ST-ZIP	Tallahassee, Fla. 32310	
TITLE	CEO/Founder	<input type="checkbox"/> Delete
NAME	Steve Thompson	
STREET ADDRESS	1209 Sterns St.	
CITY-ST-ZIP	Tallahassee, Fla. 32310	
TITLE	Vice President/Secretary	<input type="checkbox"/> Delete
NAME	Patrice Foxstain	
STREET ADDRESS	4297 Conifer St	
CITY-ST-ZIP	Tallahassee, Fla. 32304	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Spencer Ingram	
STREET ADDRESS	P.O. Box 7326	
CITY-ST-ZIP	Tallahassee, Fla. 32314	
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"/> 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 checked="" type="checkbox"/> Addition
NAME		
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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		

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 Block 12 if changed, or on an attachment with an address, with all other live empowered.

SIGNATURE: *Alonzo Davis* **SIGNATURE REQUIRED** Alonzo Davis 04/24/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-681-3843

CR2E034 (9/99)