## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000090102 J. Entity Name OLIICK-HIT RECORDS, INC.

## FILED May 04, 2000 8:00 am Secretary of State

QUICK-HIT RECORDS, INC.							05-04-2000 90229 014 ***150.00						
Principal Place 1252 N.W. 172N MIAMI FL 33169	ID TERRACE		Mailing Address 1252 N.W. 172ND TERRACE MIAMI FL 33169-5221					υV	υ υ <del></del>	·			
2. Principal Place of Business 2024 NE 161St.  Suite, Apt. #, etc.  Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE						
No Mami Beach, FL			City & State No mlami	1// -			\$8.75 Additional			t Applicable			
331 G		Country  and Address of Current	33160	<u>u</u>				te of Status D		Fe	ee Required		
	7. Name and Address of New Registered Agent Name												
WELLS, JESSIE 1252 N.W. 172ND TERRACE						Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33169													
						<u>.</u>				FL	Zip Code	,	
8. The above	named entity	submits this statement f	or the purpose of changing its	s registere	ed office or	registered a	agent, or b	oth, in the Sta	ate of Flor	ida.	<u> </u>		
SIGNATURE _	Signature, typed o	or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signatu	re required wher	n reinstating)			DATE			
							<del></del>						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D						50.00		Election Camp Frust Fund Co	~			May Be to Fees	
11.		OFFICERS AND	<del></del>	12.			ADDITION	S/CHANGES	TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, JI 1252 N.W MIAMI FL	. 172ND TERRACE	☐ Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wells, R	ENEE . 172ND TERRACE	□ Delete			VS'	QT		_	-	☐ Change	adition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VDTANELUS	, FELICIES 82ND STREET	N office				-:= -			{	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						<u>.</u> .		Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Detete							Į	Change	☐ Addition	
13. I hereby o	certify that the	information supplied wil	th this filing does not qualify fo	or the exe	mption stat	ed in Section	n 119.07(	3)(i), Florida S	statutes, I	further certif	y that the ir	iformation	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

305)945 **56**75

Daytime Phone #