

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 005 ***150.00

DOCUMENT # P990000093762 ✓
1. Entity Name
Fresh start Records and Production, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5912 New Kind rd</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 61794</u> Suite, Apt. #, etc.
City & State <u>Jacksonville FL</u>	City & State <u>Jacksonville FL</u>
Zip <u>32209</u>	Zip <u>32236</u>
Country <u>USA</u>	Country <u>USA</u>

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4. FEI Number <u>03-0390052</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name <u>Christopher Roberts</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1960 103 rd st Apt 703</u>
City <u>Jacksonville FL</u>
Zip Code <u>32210</u>

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 Christopher Roberts
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO</u> <u>Christopher Roberts</u> <u>1960 103 rd st # 703</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-30-02 Daytime Phone # 904-713-8681

CR2E034B (12/01)