


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # P99000093762 1. Entity Name FRESH START RECORDS AND PRODUCTIONS INC.						FILED 04 OCT -6 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5912 NEW KINGS RD. JACKSONVILLE, FL 32209				Mailing Address P.O. BOX 61794 JACKSONVILLE, FL 32236			
2. Principal Place of Business 10247 Briarcliff				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Jacksonville FL				City & State			
Zip 32218		Country DeVal		Zip		Country	
4. FEI Number 03-0390052				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTS, CHRISTOPHER 7960 1403RD ST JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Christopher Roberts Street Address (P.O. Box Number is Not Acceptable) 10247 Briarcliff City Jacksonville FL Zip Code 32218			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	STD ROBERTS, CHRISTOPHER <input checked="" type="checkbox"/> Delete 5912 NEW KINGS RD. JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Christopher Roberts <input type="checkbox"/> Change <input type="checkbox"/> Addition Briarcliff rd 10247 Jacksonville FL 32218		
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 600041569196 10/04/04--01033--005 **150.00		
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		
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		
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		
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: Christopher Roberts 10-1-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

404-382-4632

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FRESH START RECORDS AND PRODUCTIONS INC.
P.O. BOX 61794
JACKSONVILLE FL 32236

to whom this may concern. I'm asking
you to waive the 400 Late fee due
to the fact that I did not receive
a notice of the annual report being
due by May 1. I just got notice.
4-30-04. it could be due to the
mail or the weather here in Fla.
Thank you