2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111732

1. Entity Name

SIGNATURE:

GALACTIC RECORDS CORPORATION



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90205 039 ***150.00

Principal Plac 6512 31ST AVI ST PETERSBU		6512 31ST AVE	Mailing Address 6512 31ST AVE NORTH ST PETERSBURG FL 33710							
2. Principal P	Place of Business	3. Mailing Addr	3. Mailing Address			T TO DESCRIPE LINE COLUMN SOCIET MATERY WATER AND	I FET (TEAT TIBE)	. 2)4)1 (44444)	TILD TIEL LOOF	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. i		FEI Number NOT APPLICABLE		Applied For Not Applicable		
Zip	Country	Country Zip		Country 5.					75 Additional Required	
	6. Name and Address of Cur	rent Registered Agent			7.1	Name and Address of New Reg	istered Ag	ent		
BRAKKE, STEPHEN P				Name						
	AVE NORTH		Street Addres			(P.O. Box Number is Not Acceptable)				
OI PEIER	SBURG FL 33710		<u> </u>							
				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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE .										
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	ered Agent signature	required when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	.00				Election Campaign Finan Trust Fund Contribution.	cing 🗆		0 May Be to Fees	
10. OFFICERS AND DIRECTORS				l.	AC	I DDITIONS/CHANGES TO OFFICE	ERS AND D	RECTORS	3 IN 11	
TITLE NAME	PD Brakke, Stephen P 6512 31St ave N Saint Petersburg FL 3371		N/	TLE AME TREET ADDRESS TY-ST-ZIP			. [☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/ ST	TLE AME REET ADDRESS TY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •	· 🗆 🗅 (N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP	. يسيمون و	·	_ C	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/ ST	TLE AME REET ADDRESS TY-ST-ZIP			С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP	- 10.10.7			_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4166	N/ ST CI	TLE AME REET ADDRESS TY-ST-ZIP				Change	Addition	
indicated of the cor	certify that the information supplied on this report or supplemental reproporation or the receiver or trustee on on an attachment with an anjure	ort is true and accurate empowered to execute t	and that my sigr this report as req	nature shall hav	e the same	legal effect as if made under oat	h: that I am	an officer (or director 1	