

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90092 030 ***150.00

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DOCUMENT # G77086

1. Entity Name
INDEPENDENT RECORD CORPORATION



Principal Place of Business
**C/O BETTE KESTER CONRAD, ESQ.
777 S. FLAGLER DR. STE 500
WEST PALM BEACH FL 33401**

Mailing Address
**C/O BETTE KESTER CONRAD, ESQ.
777 S. FLAGLER DR. STE 500
WEST PALM BEACH FL 33401**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2388034**

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

**VAN ANDEL, PETER
777 S. FLAGLER DRIVE
SUITE 500
W PALM BCH. FL 33401**

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. 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: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SOKOL, ALBERT J.	
STREET ADDRESS	319 EL VEDADO	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOKOL, ALBERT J.	
STREET ADDRESS	319 EL VEDADO	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNY, LISE	
STREET ADDRESS	213 E. LAKEWOOD RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lise Kenny **SIGNATURE REQUIRED** LISE KENNY, SECY (561) 650-0549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)