

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11498

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** AFTERHOURS MUSIC, INC.

**Current Principal Place of Business:**

1959 NE 149 STREET  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1959 NE 149 STREET  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 59-2421957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATT, HAL  
2540 SW 102ND DR.  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BATT, HAL S  
Address: 2540 SW 102ND S DR.  
City-St-Zip: DAVIE, FL 33324

Title: VD ( ) Delete  
Name: BATT, HAL,  
Address: 2450 SW 102ND DR.  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL BATT

PST

04/26/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date