2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2007 8:00 am Secretary of State DOCUMENT # H47123 05-03-2007 90060 045 ***150.00 1. Entity Name DANIMARI MUSIC PUBLISHER CORPORATION Principal Place of Business Mailing Address 6065 NW 167TH ST 6065 NW 167 ST. MIAMI LAKES FL 33015 MIAMI LAKES FL 33015 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For FEI Number 59-2539814 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, ESTEBAN RAUL Street Address (P.O. Box Number is Not Acceptable) 6065 NW 167TH ST 6065 NW 167th STREET, SUITE B-10 HIALEAH FL 33015 City HIALEAH 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE □ Delete TITLE ☐ Change MARRERO, ESTEBAN RAUL NAME NAMI 6065 NW 167 ST., #B10 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY SI-ZIP CITY ST ZIP ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY - ST - ZIP THE ☐ Delete ШЕ Change-🗀 ನಡಬಿಸು NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST ZIP TITLE ☐ Defete 1111.6 Change Addition NAME NAMI

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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

STREET ADORESS

STREET ADDRESS

CITY - S1 - 71P

CITY ST-7IP

TIFLE

Delete

ESTEBAN R. MARRERO

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-7IP

HILL

NAME STREET ADDRESS

■ Addition

☐ Change

FILED