


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90014 012 \*\*\*158.75

**DOCUMENT # P01000029494**

1. Entity Name  
**MUSIC TIMES RECORDS, INC.**



Principal Place of Business      Mailing Address

**6306 PEMBROKE ROAD**      **6306 PEMBROKE ROAD**  
**MIRAMAR, FL 33023**      **MIRAMAR, FL 33023**

**34054289**



2. Principal Place of Business      3. Mailing Address

**Miramar, Broward**      **6306 Pembroke Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

05042004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Miramar, Florida**      **Miramar, Florida**

Zip      Country      Zip      Country

**33023**      **USA**      **33023**      **USA**

4. FEI Number      Applied For

**65-1088724**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEORGE & SONDRASIMPSON**  
**6306 PEMBROKE ROAD**  
**MIRAMAR, FL 33023**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SIMPSON, GEORGE	
STREET ADDRESS	6306 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	SIMPSON, SONDA	
STREET ADDRESS	6306 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: George Simpson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04 (954) 322-8990  
 Date Daytime Phone #