


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90203 022 ***150.00

DOCUMENT # P01000029494

1. Entity Name
MUSIC TIMES RECORDS, INC.



Principal Place of Business
**6306 PEMBROKE ROAD
MIRAMAR, FL 33023**

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

50052679



2. Principal Place of Business
**6306 Pembroke Rd -
Suite, Apt. #, etc.
2nd Floor**

3. Mailing Address
**6306 Pembroke Rd -
Suite, Apt. #, etc.
2nd Floor**

04282005 Chg-P CR2E034 (10/03)

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number
65-1088724

Applied For
 Not Applicable

Zip
33023

Country
U.S.A.

Zip
33023

Country
U.S.A.

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 _____ State **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 *George Simpson* DATE 5-9-05

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
After May 1, 2005 Fee will be \$550.00**

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

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* DATE 5-9-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR