


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90069 011 \*\*\*150.00

**DOCUMENT # P01000033124**  
 1. Entity Name  
**SHAKIN BAKER MUSIC, INC.**



Principal Place of Business  
**3522 NW 61ST CIRCLE  
 BOCA RATON, FL 33496**

Mailing Address  
**C/O J.H. COHN, LLP 1212 6TH AVE.  
 15TH FLOOR  
 NEW YORK, NY 10036**

**50001116**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**C/O J.H. COHN, LLP  
 1212 6TH AVENUE, 7TH FLOOR**

02042008 Chg-P CR2E034 (12/06)

City & State  
**NEW YORK, NY**

4. FEI Number  
**11-2612830**

Applied For  
 Not Applicable

Zip Country  
**10036 USA**

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

**6. Name and Address of Current Registered Agent**

**BAKER, IRVING  
 3522 NW 61ST CIRCLE  
 BOCA RATON, FL 33496**

**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.

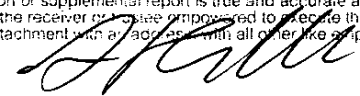
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>P</b> <b>ARTHUR, BAKER</b> <b>C/O J.H. COHN, LLP, 1212 6TH AVE.</b> <b>NEW YORK, NY 10036</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 prepare 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:**  **ARTHUR BAKER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #