2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 07, 2007 8:00 am DOCUMENT # P04000037260 **Secretary of State** 02-07-2007 90034 023 ***150.00 MUSIC ENTERTAINMENT GROUP, INC. Principal Place of Business Mailing Address 2311 MULBRY DRIVE 2311 MULBRY DRIVE 40010304 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 02012007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 20-0883132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registe 7. Name and Address of New Registered Agent Name PEARLMAN, CRAIG S Street Address (P.O. Box Number is Not Acceptable) 2 S ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801 City 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 Rorlda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS 11. TITLE D Delete TITLE ☐ Addition NAME STEPHENSON, SCOTT A NAME Stephenson, Scott. A. 4926 Tangenine Ave STREET ADDRESS 2311 MULBRY DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7tP ☐ Delete TITLE TITLE ☐ Addition STEPHENSON, MICHAEL L NAME NAME STREET ADDRESS 2311 MULBRY DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition STEPHENSON, GREGORY J NAME NAME STREET ADDRESS 2311 MULBRY DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP TILE ☐ Delete ППЕ ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS C1TY-ST-77P CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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.

FILED