


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90073 007 ***150.00

DOCUMENT # P04000090775
 1. Entity Name
 BASSGROOVE MUSIC, INC.



Principal Place of Business
 37900 APIARY RD
 GRAND ISLAND, FL 32735

Mailing Address
 37900 APIARY RD
 GRAND ISLAND, FL 32735

2. Principal Place of Business - No P.O. Box #
 2243 Cairns Ct.
 Orlando, FL
 32835 US

3. Mailing Address
 20 N. Santa Cruz Ave
 Suite A
 Los Gatos, CA
 95030 US

04252007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-1207282

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

6. Name and Address of Current Registered Agent
 MCCLAIN, BRIAN ESQ
 20 N ORANGE AVE
 STE 1500
 ORLANDO, FL 32802

7. Name and Address of New Registered Agent
 David Johnson
 2243 Cairns Ct.
 Orlando, FL 32835

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 4/26/07

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, BRIAN	
STREET ADDRESS	37900 APIARY RD	
CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 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.

SIGNATURE:  DATE 4/26/07 DAYTIME PHONE # 408-395-9515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR