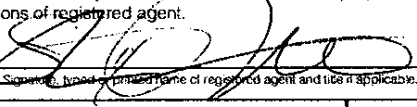
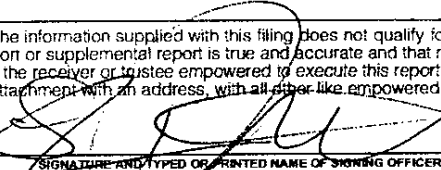


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90040 038 ***150.00

DOCUMENT # P04000172374 1. Entity Name NIGHT OWL MUSIC PRODUCTIONS, INC.					
Principal Place of Business 261 NE FARING AVE PORT ST LUCIE, FL 34983			Mailing Address 261 NE FARING AVE PORT ST LUCIE, FL 34983		
2. Principal Place of Business - No P.O. Box # 1562 SE Village Green DR.		3. Mailing Address Suite, Apt. #, etc. Suite #5			
City & State PORT ST LUCIE FL		City & State PORT ST LUCIE FL		4. FEI Number 05-0614298	
Zip 34952		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICKSON, STIX 4TH FLOOR PORT SAINT LUCIE, FL 34983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1562 SE Village Green DR. Suite #5 City PORT ST LUCIE FL Zip Code 34952		
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  Stix Nickson DATE 4/15/08 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	PSTD NICKSON, STIX 261 NE FARING AVE PORT ST LUCIE, FL 34983	☐ Delete ☒ Change ☐ Addition 1562 SE Village Green DR #5 PORT ST LUCIE FL 34952			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  Stix Nickson DATE 4/15/08 Daytime Phone # 772-337-4002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					