\$2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000051420

1. Entity Name

ROCKNOCKER MUSIC COMPANY



54027215

CR2E034 (10/03)

FILED

Apr 07, 2004 8:00 am Secretary of State

04-07-2004 90032 023 ***150.00

Principal Place of Business

C/O JOHN M. GROSS, ESQ. 51 EAST 42ND STREET #1601 NEW YORK, NY 10017 Mailing Address

%RZO INC

250 W 57TH ST 11TH FLOOR NEW YORK, NY 10107 US

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
13-3007992		Not Applica
················	*	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CORPORATION SERVICE COMPANY

6. Name and Address of Current Registered Agent

1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

No Chg-P

01062004

			IN THIS STACE			
	d			•	•	
	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar w	/ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, RICHARD D %RZO INC/250 W 57TH ST 11TH FLO NEW YORK, NY 10107	DOR				ı
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUNSTROM, LAWRENCE %RZO INC/250 W 57TH ST 11TH FLO NEW YORK, NY 10107	DOR				
TITLE NAME~VA\	ST ZANT; DONALD-	- ayın 🥷 germenen dayı 🖦 🕮	a to the total to the	خت حصمت خات		
STREET ADDRESS CITY-ST-ZIP	%RZO INC/250 W 57TH ST 11TH FLO NEW YORK, NY 10107	OOR		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i.	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
NAME STREET ADDRESS CITY-ST-ZIP			,			* * *

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 apolithat 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

714.841.3250

Daytime Phone #