

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 235667

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC4308030880**

**Entity Name:** PLAYGROUND MUSIC CENTER, INC.

**Current Principal Place of Business:**

429 MARY ESTHER CUTOFF NW  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

429 MARY ESTHER CUTOFF NW  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 59-6061887

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEONARD, ANTHONY D  
112 MOONEY RD NE  
FORT WALTON BEACH, FL 32547 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEONARD, ANTHONY D  
Address 112 MOONEY RD NE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title ST  
Name LEONARD, MAUREEN D  
Address 840 STONEGATE CT  
City-State-Zip: FORT WALTON BEACH FL 32547

Title V  
Name ROCKWELL, SHERRY  
Address 6 CHOCTAWHATCHEE NE  
City-State-Zip: FORT WALTON BEACH FL

Title TR  
Name LEONARD, RODNEY J  
Address 8917 NORTH DAVID HWY APT 19  
City-State-Zip: PENSACOLA FL 32514

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY D LEONARD

**PRESIDENT**

**01/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date