


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 244486 1. Entity Name TAMPA MUSIC CO., INC.		
Principal Place of Business 8443 N. FLORIDA AVE. TAMPA, FL 33604	Mailing Address 8443 N. FLORIDA AVE. TAMPA, FL 33604	



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0914498	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOZA, HAL C.
918 BEACON AVENUE
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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 _____
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**

U000000939151
05/28/08-80016-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOZA, HAL C.
STREET ADDRESS	918 BEACON AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	GOZA, HAL C.
STREET ADDRESS	918 BEACON AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	GOZA, MAGALY
STREET ADDRESS	918 BEACON AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: MAGALY GOZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08
Date

813-933-4077
Daytime Phone #