2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 25, 2006 8:00 am Secretary of State

1. Entity Name	MENT #712733 MUSIC CLUB, INC.				-25-2006 90029 04	44 ****61.	25	
Principal Place PO BOX 2222 NAPLES, FL	2	Mailing Address PO BOX 2222 NAPLES, FL 34106-2222			FII 1988 IIIVA 1(II BIBIS BIBII 95	dir didil diggi glalifi	2 £ 181	
P.O. Box 1109&3 P.O.		Mailing Address P.O. Box 1109&3 Suite, Apt. #, etc.		04000000	a-NP CR2E0	37 (11/05)		
City & State	SFL	City & State FC		4. FEI Number 59-6213932		Арр	olied For	
34108-	O117 Country USA	34108-0117	Country	5. Certificate of Stat		\$8.75 Addit Fee Required	tional	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Addre	ess of New Registered	Agent		
LEVY, JUD	ΣY		Name	·				
5020 COPPER LEAF LANE NAPLES, FL 34116			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	•							
			City	FL Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent and				-			
			istered Agent signature requ	т	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May Be Added to Fees	Make chec Florida Depa	· ·	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make chec	rtment of Sta	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaig Trust Fund Contri CTORS	gn Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make chec Florida Depar S TO OFFICERS AND D	IRECTORS IN	ate	
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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 617, 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:

JUD4 G OFFICER OR DIRECTOR