2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 Al Secretary of State

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DOCU	MENT # 829596		<u>.</u>	'	Secreta	ary or St	
1. Entity Nam			8				
ART'S MUSIC SHOP INC				IJ			
				′			
Principal Plac	e of Business	Mailing Address		_			
3030 EAST I		3030 EAST BLVD.					
	RY, AL 36116 US	MONTGOMERY, AL 36116	US				
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DO NOT WRITE IN THIS SPA				03062008	No Chg-P	CR2E034 (11/05)
L	O NOI WKII	EIN IHIS SPA	ACE	4. FEI Numbe	er		Applied For
				63-064	1254		Not Applicable
				5. Certificate	of Status Desired		75 Additional
						Fee	Required
	6. Name and Address of Curr	ent Registered Agent	<u> </u>				
CT CORP	ORATION SYSTEM		•	D O	NOT 14	There is said the	•
	INE ISLAND ROAD			NOT W	/KIIE	•	
	ION, FL 33324	1	INI T	THIS SE			
				: 117		ACE	•
•			· [.				
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.							
OIOMATURE							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: Regis	itered Agent signature requ	red when reinstating)		DATE	•
		· 		· · · · · · · · · · · · · · · · · · ·			· ·
9. Election Campaign Fina				5.00 May Be			,
After Ma	ay 1, 2008 Fee will be \$55	50.00 Trust Fund Contribution	on. 🔲 A	dded to Fees			
10.	OFFICERS A	ND DIRECTORS			· · · · · · · · · · · · · · · · · · ·		
TITLE	Р						
NAME	FREEHLING, PAUL				U000i	00871048	
STREET ADDRESS	1116 FARMINGTON LANE						022 150.00
CITY-ST-ZIP	PIKE ROAD, AL 36064						
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP				•			
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NAME				11/4	THIS SI	ACE	
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CITY-ST-ZIP				1			
TITLE							
NAME				•			
STREET ADDRESS	1					,	

12. I hereby certify that the information sub-liked 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 of 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 of 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PAUL FREEHLING
SIGNATURE AND TABLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

334-271-2787

Date

Daytime Phone #