
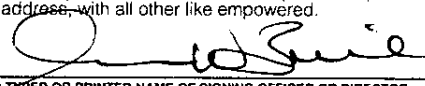


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90449 046 \*\*\*150.00

<b>DOCUMENT # F02000004122</b>					
1. Entity Name <b>MUSITECA MUSIC CORPORATION</b>					
Principal Place of Business 10544 NW 26ST, SUITE 104 E MIAMI FL 33172			Mailing Address 10544 NW 26ST, SUITE 104 E MIAMI FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-1612187</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARBOSA DA SILVA, RAPHAEL</b> 10544 NW 26ST, SUITE 104 E MIAMI FL 33172			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, MARK		NAME		
STREET ADDRESS	383 MAIN AVENUE, MERRITVIEW, PH		STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT 06851		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREIL, GIORA W		NAME		
STREET ADDRESS	10544 NW 26ST, SUITE 104 E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVINGSTON, G.S. III		NAME		
STREET ADDRESS	10544 NW 26ST, SUITE 104 E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, DAVID		NAME		
STREET ADDRESS	383 MAIN AVENUE, MERRITVIEW, PH		STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT 06851		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLIS, BRUCE		NAME		
STREET ADDRESS	331 AUBREY ROAD		STREET ADDRESS		
CITY-ST-ZIP	WYNNEWOOD PA 19096		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBOSA DA SILVA, RAPHAEL C		NAME		
STREET ADDRESS	10544 NW 26ST, SUITE 104 E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		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 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: 			Date: <b>5/5/04</b> Daytime Phone #: <b>305.599-2011</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					