

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004122

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: MUSITECA MUSIC CORPORATION

**Current Principal Place of Business:**

10544 NW 26ST, SUITE 104 E  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10544 NW 26ST, SUITE 104 E  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 06-1612187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BARBOSA DA SILVA, RAPHAEL  
10544 NW 26ST, SUITE 104 E  
MIAMI, FL 33172      US

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

BREIL, GIORA W DPS  
10544 NW 26ST, SUITE 104 E  
MIAMI, FL 33172      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: GIORA W BREIL

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: JACOBS, MARK  
Address: 383 MAIN AVENUE, MERRITVIEW, PH  
City-St-Zip: NORWALK, CT 06851

Title: DPS      ( ) Delete  
Name: BREIL, GIORA W  
Address: 10544 NW 26ST, SUITE 104 E  
City-St-Zip: MIAMI, FL 33172

Title: D      ( ) Delete  
Name: LIVINGSTON, G.S. III  
Address: 10544 NW 26ST, SUITE 104 E  
City-St-Zip: MIAMI, FL 33172

Title: D      ( ) Delete  
Name: GOOD, DAVID  
Address: 383 MAIN AVENUE, MERRITVIEW, PH  
City-St-Zip: NORWALK, CT 06851

Title: D      ( ) Delete  
Name: GILLIS, BRUCE  
Address: 331 AUBREY ROAD  
City-St-Zip: WYNNWOOD, PA 19096

Title: V      ( ) Delete  
Name: BARBOSA DA SILVA, RAPHAEL C  
Address: 10544 NW 26ST, SUITE 104 E  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GIORA W BREIL

DPS

04/25/2005

Electronic Signature of Signing Officer or Director

Date