

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90232 005 \*\*\*150.00

**DOCUMENT # F02000004122**  
 1. Entity Name  
**MUSITECA MUSIC CORPORATION**



Principal Place of Business: 10544 NW 26ST, SUITE 104 E, MIAMI, FL 33172  
 Mailing Address: 10544 NW 26ST, SUITE 104 E, MIAMI, FL 33172

**50016872**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number: 06-1612187  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BREIL, GIORA W DPS**  
 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: **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: C <input checked="" type="checkbox"/> Delete	NAME: JACOBS, MARK STREET ADDRESS: 383 MAIN AVENUE, MERRITVIEW, PH CITY-ST-ZIP: NORWALK, CT 06851
TITLE: DPS <input checked="" type="checkbox"/> Delete	NAME: BREIL, GIORA W STREET ADDRESS: 10544 NW 26ST, SUITE 104 E CITY-ST-ZIP: MIAMI, FL 33172
TITLE: D <input type="checkbox"/> Delete	NAME: LIVINGSTON, G.S. III STREET ADDRESS: 10544 NW 26ST, SUITE 104 E CITY-ST-ZIP: MIAMI, FL 33172
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: GOOD, DAVID STREET ADDRESS: 383 MAIN AVENUE, MERRITVIEW, PH CITY-ST-ZIP: NORWALK, CT 06851
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: GILLIS, BRUCE STREET ADDRESS: 331 AUBREY ROAD CITY-ST-ZIP: WYNNWOOD, PA 19096
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: BARBOSA DA SILVA, RAPHAEL C STREET ADDRESS: 10544 NW 26ST, SUITE 104 E CITY-ST-ZIP: MIAMI, FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Anthony Harlow STREET ADDRESS: 10544 NW 26 St, Suite E104 CITY-ST-ZIP: Miami, FL 33172
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Simon Williams STREET ADDRESS: 10544 NW 26 St, Suite E104 CITY-ST-ZIP: Miami, FL 33172
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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 of trust 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: *[Signature]* **G.S. LIVINGSTON** 04-24-2006 365 599 2011  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #