



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000000331</b> 1. Entity Name DJ MILLER MUSIC DISTRIBUTORS, INC.	
--	---

Principal Place of Business 6365 53RD ST NORTH SUITE B PINELLAS PARK, FL 33781	Mailing Address 6365 53RD ST NORTH SUITE B PINELLAS PARK, FL 33781
---	---

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1260717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUSER, JEAN  
12555 ENTERPRISE BLVD STE. 102  
LARGO, FL 33773

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

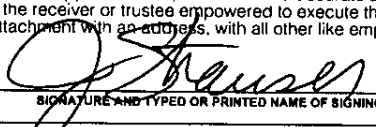
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT MILLER, DALE S PO BOX 7 NEDERLAND, CO 80466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP MILLER, JUDITH A PO BOX 7 NEDERLAND, CO 80466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JUDITH A PO BOX 7 NEDERLAND, CO 80466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000825140  
02/20/08-80106-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**  **2-608 727-209-1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #