## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May $1\overline{5}$ , 2007 8:00 am Secretary of State DOCUMENT # F05000003990 05-15-2007 90006 046 \*\*\*150.00 EMUSICA ENTERTAINMENT GROUP, INC. Principal Place of Business Mailing Address 10544 NW 26 STREET, SUITE E-104 10544 NW 26 STREET, SUITE E-104 MIAMI, FL 33172 MIAMI, FL 33172 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5757 Blue Lagoon Drne 5757 Blue Lagoon Drive Suite, Apt. #, etc Suite, Apt. #, etc. 03222007 Cha-P CR2E034 (12/06) Suite 230 Suite 230 City & State City & State 4. FEI Number Applied For Miami Miami, FL 20-3125669 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired USA usa <u>33126</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joel Vazauez CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 5757 Blue Lagoon Drive, Suite Zip Code Mami 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE Harlow, Anthony LIVINGSTON, STUART NAME NAME 5757 Blue Lagoon Drive, Suite 230 STREET ADDRESS 10544 NW 26 STREET, SUITE E-104 STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 ☐ Addition ☐ Delete TITLE TITLE Livingston G.G. III HARLOW, ANTHONY NAME NAME 5757 Blue Lagoon Drive. Suite 230 STREET ADDRESS 10544 NW 26TH ST SUITE E104 STREET ADDRESS miami, FL 33126 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33172 ☑ Delete ☐ Change ■ Addition TITLE TITLE WILLIAMS, SIMON NAME NAME STREET ADDRESS 10544 NW 26TH ST SUITE E104 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or trusted ampowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if with all other like empowered changed, or on an attachme

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