2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91011 003 ***150 00

1. Entity Nam	MENT # F26009 MUSIC, INC.					03-03-200	4 91011 ()03 ****1	30.00
Principal Plac	e of Business	Mailing Address	Mailing Address				g_{i}	1081	1 Qa
4209 S. TAM	11AMI TR. FL 34231-3627 US	4209 S. TAMIAMI TR. Sarasota, Fl. 34231-3627 US							rag
i samosia, i	L 34231-3627 03	3A14301A, FC 34231	-3027 (J.J) (440) Pa (440)	11818 actil 6860 patts (86			iravi u mer
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Number 59-2080				plied For
Zip Country		Zip	Zip Country			of Status Desired		8.75 Add	ditional
	6. Name and Address of Curre	nt Registered Agent	L		7. Name and	Address of New F		ee Require	o .
FOOT DE	NAMO			Name					
FOGT, DE 4209 S TA	MIAMITR		Street Address			ris Not Acceptable	9)		
SARASOT	A, FL 34321	•				····			
			I	City			FL	Zip Cod	e
	named entity submits this statement	for the purpose of changing its	register	ed office or regist	tered agent, or both	, in the State of Ro		ımiliar with,	and accept
signature.	tions of registered agent.								
	Signature, typed or printed name of registered age	onrand title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con		_ ~ ~	5.00 May Be dded to Fees				
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF			
TITLE NAME	FOGT, DENNIS	☐ Delete	TITLE		•			☐ Change	Addition
STREET ADDRESS	4209 S. TAMIAMI TR. '			ET ADDRESS					
CITY-ST-ZIP TITLE	SARASOTA, FL 34231	Delete	TITLE	-ST-ZIP				☐ Change	. Addition
NAME	FOGT, LAMONT D	_ contr	NAM	I				Cirange	, E) Addition
STREET ADDRESS CITY-ST-ZIP	4209 S. TAMIAMI TR. SARASOTA, FL 34231			ET ADDRESS - ST- ZIP					
ITLE	D	Delete	THILE				············	☐ Change	☐ Addition
NAME STREET ADDRESS	ALDERFER, JULIE FOGT 4209 S. TAMIAMI TR.		NAM	E ET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34231		_	-ST-ZP					
TITLE	D	☐ Delete	TITLE	1				☐ Change	☐ Addition
NAME STREET ADDRESS	SCHMANDT, MARLA F 4209 S. TAMIAMI TR.		NAMI STRE	E Et adoress					
CITY-ST-ZIP	SARASOTA, FL 34231		,	ST-ZIP					
HILE		Delete	THLE	1				Change	Addition
NAME STREET ADDRESS			NAMI Stre	ET ADDRESS					
CITY-ST-ZIP	,	···· <u>·</u>	- 1	-ST-ZP		·			
TITLE NAME		Delete	TITLE NAMI					☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
C11Y-S1-ZIP				-ST-ZIP					
12. I hereby of indicated	certify that the information supplied w on this report or supplemental report	ith this filing does not qualify fo	r the exer	mption stated in t	Section 119.07(3)(i)	, Horida Statutes. I	further certifoath that I ar	ly that the in	or director

12. Increty certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(j), Horida 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 frustee 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: Dennis L. Fogt 4/28/04 1-94/SIGNATURE AND TYPED OR PRINTED HAME OF BIOLOGICA PRINTE