2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# F72020

Entity Name: OUT OF SIGHT MUSIC, INC.

Current Principal Place of Business:

% SYLVIA SAWELSON
881 OCEAN DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

% SYLVIA SAWELSON
881 OCEAN DR. 18-D
KEY BISCAYNE, FL 33149

Current Mailing Address:

% SYLVIA SAWELSON
881 OCEAN DR.
KEY BISCAYNE, FL 33149

New Mailing Address:

% SYLVIA SAWELSON
881 OCEAN DR. 18-D
KEY BISCAYNE, FL 33149

FEI Number: 59-2170550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAWELSON, SYLVIA
881 OCEAN DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

SAWELSON, SYLVIA
881 OCEAN DRIVE, 18-D
KEY BISCAYNE, FL 33149 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: SYLVIA SAWELSON 01/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAWELSON, SYLVIA,
Address: 881 OCEAN DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: C ( ) Delete
Name: SAWELSON, HAROLD,
Address: 881 OCEAN DR.
City-St-Zip: KEY BISCAYNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAWELSON, SYLVIA,
Address: 881 OCEAN DRIVE, 18-D
City-St-Zip: KEY BISCAYNE, FL

Title: C (X) Change ( ) Addition
Name: SAWELSON, HAROLD,
Address: 881 OCEAN DR., 18-D
City-St-Zip: KEY BISCAYNE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SYLVIA SAWELSON PD 01/30/2009
Electronic Signature of Signing Officer or Director Date