

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # G91918

**1. Entity Name
DANLIN MUSIC, INC.**



Principal Place of Business

**8930 SR 84
SUITE 296
FT. LAUDERDALE, FL 33324 US**

Mailing Address

**8930 SR 84
SUITE 296
FT. LAUDERDALE, FL 33324 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2481752**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**WHARTON, DANA PAUL
9421 LIVE OAK PLACE #101
FT. LAUDERDALE, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**U00000396220
01/27/06-80023-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WHARTON, LINDA NEIL
STREET ADDRESS	9421 LIVE OAK PL. #101
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DT
NAME	WHARTON, DANA PAUL
STREET ADDRESS	9421 LIVE OAK PL. #101
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/06 (937) 350-3635

Date

Days/Phone #