

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90020 024 ***150.00

DOCUMENT # J86715

1. Entity Name
FLORIDA MUSIC, INC.



Principal Place of Business
355 HIATT DR
SUITE C
PALM BCH GARDENS, FL 33418

Mailing Address
355 HIATT DR
SUITE C
PALM BCH GARDENS, FL 33418

40041677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
58-1746552

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERIN, WILLIAM
355 HIATT DRIVE, SUITE C
PALM BEACH GARDENS, FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HALPERIN, STACEY
STREET ADDRESS 355 HIATT DR., #C
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HALPERIN, WILLIAM
STREET ADDRESS 355 HIATT DR STE C
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☒ Change ☐ Addition
NAME HALPERIN, WILLIAM
STREET ADDRESS 355 HIATT DR STE C
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

William Halperin

WILLIAM HALPERIN

3/27/06

775-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561