

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95371

FILED
Apr 27, 2005
Secretary of State

Entity Name: BROKEN SOUND PRODUCTIONS, INC.

Current Principal Place of Business:

C/O STEVEN WARM, ESQUIRE
2101 NW CORPORATE BLVD., SUITE 215
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN WARM, ESQUIRE
2101 NW CORPORATE BLVD., SUITE 215
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0009133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WARM, STEVEN ESQ.
2101 NW CORPORATE BLVD.
SUITE 215
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, ROBERT E.,
Address: 5510 NE 10 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T (X) Delete
Name: DORIS BURKE,
Address: 5510 NE 10 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP (X) Delete
Name: ROBERT BURKE JR.,
Address: 279 W POST RD
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVID J. WARM,
Address: 6001 BROKEN SOUND PKWY NW, STE. 630
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID WARM

PD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date