2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K08538

1. Entity Name SOUTHCOAST MUSIC DISTRIBUTORS, INC.



FILED
Jan 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

1415 NE 4TH AVENUE FORT LAUDERDALE, FL 33304 Mailing Address

1415 NE 4TH AVENUE FORT LAUDERDALE, FL 33304



01062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0031018

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPAPORT, ELLEN 660 NW 110TH AVENUE PLANTATION, FL 33324

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PLANTATION, FL 33324			IN THIS SPACE		
	named entity submits this statement for the p tions of registered agent.	surpose of changing its registers	ed office or	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registerer	f Agent signatur	e required when reinstaling)	DATE
F!L After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD RAPPAPORT, ELLEN 1415 NE 4TH AVE FT. LAUDERDALE, FL	CTORS			1100000592336
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/19/07-80058-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED HAMP OF SIGNING OFFICER OR DIRECTO

1/12/07

954-467-3601

Daylims Phone #