

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91053 005 ***150.00

DOCUMENT # L59591

1. Entity Name
JKMC MUSIC PUBLISHING, INC.



Principal Place of Business

**5101 NORTH BAY ROAD
MIAMI BEACH, FL 33140 US**

Mailing Address

**2500 NORTHWINDS PARKWAY
SUITE 275
ALPHARETTA, GA 30004 US**

2. Principal Place of Business

7605 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

C/O 22A, 1100 Third Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

City & State

San Rafael, CA

Zip

94901

Country

USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0204642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, RUDY
5101 NORTH BAY ROAD
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, RUDY	
STREET ADDRESS	7280 W PALMETTO PARK ROAD, SUITE 106	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, ELIZABETH	
STREET ADDRESS	7280 W PALMETTO PARK ROAD, SUITE 106	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5101 North Bay Road
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5101 North Bay Road
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #