


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L76417</b> 1. Entity Name AMERICAN MUSIC WHOLESALERS, INC.	
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Principal Place of Business 1320 STIRLING RD 10B DANIA, FL 33004 US	Mailing Address 1320 STIRLING RD 10B DANIA, FL 33044 US
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0204965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BITENSKY, RENEY  
9284 N.W. 18 STREET  
PLANTATION, FL 33322

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BITENSKY, ABRAHAM 9284 NW 18TH ST PLANTATION, FL 33322
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000000012503  
01/26/04-80013-005 150.00

**DO NOT WRITE  
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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

✓ 1/21/04 ✓ 95421-2706  
Date Daytime Phone #