


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90036 032 ***150.00

DOCUMENT # M45267					
1. Entity Name TEMPLE STREET MUSIC, INC.					
Principal Place of Business 2665 S BAYSHORE DR SUITE 703 MIAMI, FL 33133			Mailing Address 2665 S BAYSHORE DR SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business No P.O. Box # 920 Placetass Avenue			3. Mailing Address 920 Placetass Avenue		
Suite Apt # etc			Suite, Apt #, etc		
City & State Coral Gables, FL			City & State Coral Gables, FL		
Zip 33146		Country USA		4. FEI Number 59-2776812	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC 2665 S BAYSHORE DR SUITE 703 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: Vicki Richards Street Address (P.O. Box Number is Not Acceptable) 920 Placetass Avenue City Coral Gables FL Zip Code 33146		
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: <i>[Signature]</i> Vicki H. Richards DATE: 4/14/08					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div> <div>9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, TIMOTHY D		NAME		
STREET ADDRESS	2665 S BAYSHORE DR STE 703		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, VICKI		NAME	Richards, Vicki	
STREET ADDRESS	2665 S BAYSHORE DR STE 703		STREET ADDRESS	920 Placetass Avenue	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 60, 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]* **Vicki H. Richards** DATE: **4/14/08** 305 662-1860