2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005905

HANSON, LINDA

10026 NW 19 ST

CORAL SPRINGS, FL 33076

Name:

Address:

City-St-Zip:

Entity Name: FRIENDS OF MUSIC, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10026 NORTHWEST 19 STREET CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 10026 NORTHWEST 19 STREET CORAL SPRINGS, FL 33071 FEI Number: 20-0127711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHUTOWICK, MICHAEL 10552 NW 61 CT PARKLAND, FL 33076 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LONG, FRANKIE Name: Name: 3060 NW 107 AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition GREENLAND, SANDRA Name: Name: Address: 3220 NW 107 AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition KIRCHOFF, SUE Name: Name: Address: 2547 NW 116 TERRACE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ANDERSON, LINDA Name: 5046 KENSINGTON CIRCLE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL SHUTOWICK T 01/10/2007