2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010960

1. Entity Name
MORRISON MUSIC STUDIO-GENESIS, INC.

Principal Place of Business	Mailing Address
3613 LINDELL AVE. TAMPA, FL 33610	3613 LINDELL AVE. TAMPA, FL 33610

02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2068576
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, HELEN M
3613 LINDELL AVE.
TAMPA, FL 33610

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORRISON, HELEN M
STREET ADDRESS	3613 LINDELL AVE.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	MORRISON, ROBERT B SR.
STREET ADDRESS	3613 LINDELL AVE.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	GEORGE, TERESA M
STREET ADDRESS	12430 OXFORD PARK DR. #823
CITY-ST-ZIP	HOUSTON, TX 77082
TITLE	D
NAME	JAMES, THEDA ESQ
STREET ADDRESS	18010 LINDAWOODS ST
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	GRAY, JO ANN
STREET ADDRESS	11921 ROYCE WATERFORD CIRCLE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	MARTIN, STEPHEN
STREET ADDRESS	367 HITCHING POST DR
CITY-ST-ZIP	FAIRVIEW, TX 75069

U00000824913
02/20/08-80099-003 70.00

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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 617, 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: Helen M. Morrison (HELEN M. MORRISON) 2-08-08 813-247-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #