


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90050 047 \*\*\*\*61.25

<b>DOCUMENT # N47153</b> 1. Entity Name <b>ISLAND MUSIC AWARDS, INC.</b>					
Principal Place of Business <b>5397 ORANGE DR SUITE 205 DAVIE, FL 33314 US</b>			Mailing Address <b>5397 ORANGE DR SUITE 205 DAVIE, FL 33314 US</b>		
2. Principal Place of Business <b>7320 GRIFFIN RD Suite, Apt. #, etc. 211 City &amp; State DAVIE FLA. Zip 33314 Country U.S.A.</b>			3. Mailing Address <b>7320 GRIFFIN RD Suite, Apt. #, etc. 211 City &amp; State DAVIE FLA. Zip 33314 Country U.S.A.</b>		
4. FEI Number <b>65-0310492</b>			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 <b>CHARLTON, WINSOME B. 5397 ORANGE DR SUITE 205 DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>WINSOME CHARLTON</u> DATE <u>1/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CHARLTON, WINSOME B. 5397 ORANGE DR, STE 205 DAVIE, FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WINSOME CHARLTON 7320 GRIFFIN RD SUITE 211 DAVIE FLA 33314</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>BLAIR, ANTHONY 5397 ORANGE DR, STE 205 DAVIE, FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANTHONY BLAIR 7320 GRIFFIN RD SUITE 211 DAVIE FLA 33314</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCKENZIE, LUTHER 10772 NW 61 STREET POMPANO BEACH, FL 33076</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ABDUL, MULASIN 17645 NW 18 AVENUE OPA LOCKA, FL 33056</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>WINSOME CHARLTON</u> DATE <u>1/18/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50004754**



01182005 Chg-NP CR2E037 (10/03)