

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N47153

1. Entity Name
ISLAND MUSIC AWARDS, INC.



Principal Place of Business
**7320 GRIFFIN ROAD, STE 211
DAVIE, FL 33314 US**

Mailing Address
**7320 GRIFFIN ROAD, STE 211
DAVIE, FL 33314 US**



05112007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0310492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLTON, WINSOME B
7320 GRIFFIN ROAD #211
DAVIE, FL 33314**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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

**U000000764103
05/30/07-80042-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WINSOME, CHARLTON
7320 GRIFFIN RD, #211
FORT LAUDERDALE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BLAIR, ANTHONY
7320 GRIFFIN RD, #211
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCKENZIE, LUTHER
10772 NW 61 STREET
POMPANO BEACH, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABDUL, MUNSIN
17645 NW 18TH AVE
OPA LOCKA, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #