


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N47153 1. Entity Name ISLAND MUSIC AWARDS, INC.	
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Principal Place of Business 7320 GRIFFIN ROAD, STE 211 DAVIE, FL 33314 US	Mailing Address 7320 GRIFFIN ROAD, STE 211 DAVIE, FL 33314 US
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DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0310492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

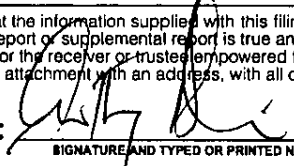
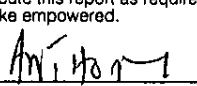
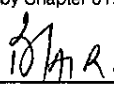
Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINSOME, CHARLTON 7320 GRIFFIN 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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01/28/08-80028-009 61.25

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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

1-18-08 917.321.0882
Date Daytime Phone #