2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000926

Entity Name: RED RIBBON MUSIC, INC.

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8205 WELLSMERE CIRCLE ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

8205 WELLSMERE CIRCLE ORLANDO, FL 32835

FEI Number: 59-3439181 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:

ROMANO, DIANE 8205 WELLSMERE CIRCLE ORLANDO, FL 32835

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:

() Delete ROMANO, DIANE Name: 8205 WELLSMERE CIRCLE Address:

City-St-Zip: ORLANDO, FL 32835

Title: () Delete KALBER, PATRICIA Name: Address: 11755 MAPLE STREET City-St-Zip: ORLANDO, FL 32836

Title: () Delete LEVENTHAL, LISA Name:

11471 S.W. 105TH TERRACE Address:

City-St-Zip: MIAMI, FL 33176

Title: () Delete Name: GOBER, CARL

6928 COUNTRY CORNERS LANE Address:

City-St-Zip: ORLANDO, FL 32809

Title: () Delete

BAER, GARY Name:

1500 ASBURY AVENUE Address: City-St-Zip: ORLANDO, FL 32803

(X) Change () Addition

ROMANO, DIANE Name:

Address: 8205 WELLSMERE CIRCLE City-St-Zip: ORLANDO, FL 32835 US

Title: (X) Change () Addition

KALBER, PATRICIA Name: Address: 11755 MAPLE STREET City-St-Zip: ORLANDO, FL 32836 US

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Name: GOBER, CARL

6928 COUNTRY CORNERS LANE Address:

City-St-Zip: ORLANDO, FL 32809 US

Title: (X) Change () Addition

BAER, GARY Name:

1500 ASBURY AVENUE Address: City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DIANE ROMANO PD 01/21/2005