2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM **DOCUMENT # P00000003048 Secretary of State** 1. Entity Name FREQUENCY MUSIC, INC. Principal Place of Business Mailing Address 27821 S TAM!AM! TRAIL, UNIT 1 27821 S TAMIAMI TRAIL, UNIT 1 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3614702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DALIA, JAMES M DO NOT WRITE 27821 S TAMIAMI TRAIL, UNIT 1 BONITA SPRINGS, FL 34134 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 SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE NAME DALIA, JAMES M STREET ADDRESS 27821 S TAMIAMI TRAIL, UNIT 1 BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the Acceiver or trustee empowered to execute this report as required by Chapter 607, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05

498-9080

Daytime Prone #

FILED