


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90006 050 \*\*\*150.00

**DOCUMENT # P00000003727**

1. Entity Name  
**WALNUT MUSIC, INC.**



Principal Place of Business      Mailing Address

1301 NE MIAMI GARDENS DR APT. #1706      1301 NE MIAMI GARDENS DR APT. #1706  
 NORTH MIAMI BEACH, FL 33179      NORTH MIAMI BEACH, FL 33179

**54067051**

2. Principal Place of Business      3. Mailing Address

*1301 NE Miami Gardens Ave*      *1301 NE Miami Gardens Dr*

Suite, Apt. #, etc.      Suite, Apt. #, etc.


*Apt. 1515*      *Apt. 1515*

City & State      City & State

*North Miami Beach, FL*      *North Miami Beach, FL*

Zip      Country      Zip      Country

*33179*      *USA*      *33179*      *USA*



07282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0978073**       Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBERG, HARVEY ESQ**  
 9350 S DIXIE HWY #1420  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees

Trust Fund Contribution       In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>NUSSENBAUM, SONIA<br>1301 NE MIAMI GARDENS DR APT. #1706<br>NORTH MIAMI BEACH, FL 33179 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>NUSSENBAUM, SERGIO<br>1301 NE MIAMI GARDENS DR, #1706<br>NORTH MIAMI BEACH, FL 33179       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Sonia Nussenbaum<br>1301 NE Miami Gardens Drive, #1515<br>North Miami Beach, FL 33179     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>Sergio Nussenbaum<br>1301 NE Miami Gardens Drive, #1515<br>North Miami Beach, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and was otherwise empowered.

SIGNATURE: *[Signature]*      Date: *7/28/04*      Daytime Phone #: *(877)592-5688*

Attachment  
Walnut Music, Inc.  
1301 NE Miami Gardens Drive, Apt. 15  
North Miami Beach, FL 33179-4768

54067051  
#P00000003727

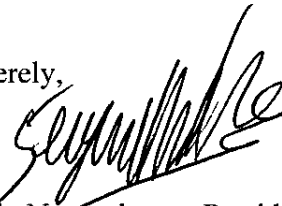
Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

July 28, 2004

Dear Sir or Madam:

Please find enclosed a replacement Uniform Business Report for my company and a check for \$150.00. My accountant filed my UBR on April 3, 2004 online with a request for an automatic debit from my credit card. Apparently, that did not complete entirely, as I have now reviewed my credit card records and realized that the charge never appeared. My accountant says that he has a copy of the information from the online session, but upon his review just now, it did not actually have a confirmation number, as he says is standard. I only realized that this wasn't paid when you sent me the notice of intent to dissolve my corporation. I realize that I am supposed to pay the penalty for this oversight, and if so bill me, as I need to keep the corporation running. However, this was not done with intent, so I would really appreciate it if you would consider waiving the penalty in this circumstance. Thank you for your attention,

Sincerely,



Sergio Nussenbaum, President  
Walnut Music, Inc.