

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 045 ***150.00

DOCUMENT # P00000017791

1. Entity Name
ALL MUSIC CORPORATION



Principal Place of Business
**6035 NW 87 AVE.
MIAMI, FL 33178**

Mailing Address
**6035 NW 87 AVE.
MIAMI, FL 33178**

94071706



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0987024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GASPARIN, ENIO
6035 NW 87 AVE.
MIAMI, FL 33178~~

*CHANGE
NOT EFFECTIVE*

Name **STEFANO DAL COL**

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

6035 N.W. 87 AVE.

City **MIAMI**

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

STEFANO DAL COL

(NOTE: Registered Agent signature required when reinstating)

04-26-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **DAL COL, STEFANO**
STREET ADDRESS **6035 NW 87 AVE.**
CITY-ST-ZIP **MIAMI, FL 33178**

☐ Delete

TITLE **DIRECTOR**
NAME **MARCO BREA**
STREET ADDRESS **6035 N.W. 87 AVE**
CITY-ST-ZIP **MIAMI, FL 33178**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFANO DAL COL

04-26-04

Date

305-599889

Daytime Phone #