
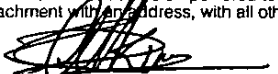


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90057 029 \*\*\*150.00

<b>DOCUMENT # P00000039634</b> 1. Entity Name <b>M &amp; N AUDIO, INC.</b>					
Principal Place of Business <b>1857 NW 111 AVE. PLANTATION, FL 33322</b>			Mailing Address <b>1857 NW 111 AVE. PLANTATION, FL 33322</b>		
2. Principal Place of Business <b>7186 NW 123rd AVE</b>		3. Mailing Address <b>7186 NW 123rd AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PARKLAND FL</b>		City & State <b>PARKLAND FL</b>		4. FEI Number <b>65-0956275</b>	
Zip <b>33076</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ALKINS, DENNIS 1857 NW 111 AVE. PLANTATION, FL 33322</b>			7. Name and Address of New Registered Agent Name <b>DENNIS ALKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7186 NW 123 AVE</b> City <b>PARKLAND</b> <b>FL</b> Zip Code <b>33076</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALKINS, DENNIS R</b> <b>1857 NW 111TH AVE</b> <b>PLANTATION, FL 33322</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALIKINS, DENNIS R</b> <b>7186 NW 123 AVE</b> <b>PARKLAND</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>02/15/05</b> <b>954-249-2197</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

20012672



02142005 Chg-P CR2E034 (10/03)