

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90038 038 \*\*\*158.75

40017313



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1031427 Applied For Not Applicable

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

DOCUMENT # P00000074945

1. Entity Name  
IT'S NOT ABOUT MUSIC, INC.



Principal Place of Business  
2401 S OCEAN DR  
HOLLYWOOD, FL 33019

Mailing Address  
BOX 770095  
CORAL SPRINGS, FL 33077

2. Principal Place of Business  
7302 NW 58th Way

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
PARKLAND Florida

City & State  
FLORIDA

Zip 33067 Country USA

6. Name and Address of Current Registered Agent

LIEBERMAN, DANIEL B  
2401 S OCEAN DR  
HOLLYWOOD, FL 33019

Address change only

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)  
7302 NW 58th Way

City PARKLAND FL Zip Code 33067

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 *Sorry: [Signature]* DATE 1/19/05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LIEBERMAN, DANIEL B  
STREET ADDRESS 2401 S OCEAN DR  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Delete  
NAME change to  
STREET ADDRESS Above address  
CITY-ST-ZIP 7302 NW 58th Way

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/05 Daytime Phone # 954-401-9635