


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P00000085405</b><br>1. Entity Name<br><b>TIMELY MUSICALS, INC.</b> |  |
|--|---|

Principal Place of Business  
POST OFFICE BOX 266255  
WESTON, FL 33326

Mailing Address  
POST OFFICE BOX 266255  
WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1086244</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

KLEIN, HERBERT M ESQ.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 2930  
MIAMI, FL 33131

**DO NOT WRITE  
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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

U00000152531

05/04/04 00000-017 150.00

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRAUN, ROBIN<br>POST OFFICE BOX 266255<br>WESTON, FL 33326       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRAUN, JOSH<br>POST OFFICE BOX 266255<br>WESTON, FL 33326        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BRAUN, ROBIN<br>492 CARRINGTON LANE<br>FORT LAUDERDALE, FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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:** *Robin Braun* **ROBIN BRAUN, President** **4-30-04** **954-389-0806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #