FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name C0070438 ANJOAY MUSIC PRODUCTION, INC. Principal Place of Business Mailing Address 1660 NW 24th TERRICE 1660 NW 24TH PERPORCE DO NOT WRITE IN THIS SPACE FORT LAUSTRIALE, FL FORT LAUDRISAUE, FL 33311 3. Date Incorporated or Qualifed 33311 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Por 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired-Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country This corporation owes the current year Intangible □No 24 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 City Zip Code 333/9 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the ebligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Rigistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PST ☐ DELETE ☐ Change Addition TITLE 1.1 TITLE SCOTT, WILLIAM NAME 12 NAME 1660 NW 24TH TERRICE 1.3 STREET ADDRESS STREET ADDRESS 33311 1.4 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDRIDAUE ☐ DELETE ☐ Change ☐ Addition tin F 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Secretary of State

05-25-2001 90294 013 ***150.00

May 25, 2001 8:00 am