



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90227 043 \*\*\*158.75

<b>DOCUMENT # P01000012750</b> 1. Entity Name <b>DASHANTY MUSIC, INC.</b>					
Principal Place of Business <b>4421 WEST MCNAB RD 26 POMPANO BEACH, FL 33069</b>			Mailing Address <b>4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business - No P.O. Box # <b>1301 N DIXIE HWY</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>POMPANO BEACH FL</b>		City & State		4. FEI Number <b>65-1075901</b>	
Zip <b>33060</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POWELL BAKER, DAHALIA 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069</b>				7. Name and Address of New Registered Agent Name <b>DAHALIA BAKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4421 WEST MCNAB RD #26</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33069</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 <u></u> <span style="float: right;">4/30/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>PDM POWELL, DAHALIA 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDM BAKER, DAHALIA 4421 WEST MCNAB RD #26 POMPANO BEACH FL 33069</b> <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	
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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 exemptions contained in Chapter 119, 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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/08</u> Daytime Phone #		

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