2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P01000025490** MUSIC BY TDC, INC. Principal Place of Business Mailing Address 273 CHANNING COURT 273 CHANNING COURT NAPLES, FL 34110 NAPLES, FL 34110 03272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3708464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DECOURCEY, THOMAS DO NOT WRITE 273 CHANNING COURT NAPLES, FL 34110 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 seems and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000113931 04/15/04-80029-014 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST DECOURCEY, THOMAS NAME STREET ADDRESS 273 CHANNING COURT NAPLES, FL 34110 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP អាន NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-78P TITLE

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 withy an address, with all other kills empowered.

MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

FILED