


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000032020 1. Entity Name DATABASS MUSIC AND MULTIMEDIA CORP.	
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Principal Place of Business 20906 SPRINGS TERRACE BOCA RATON, FL 33428	Mailing Address C/O JOSEPH D SYDNOR, CPA 1005 KANE CONCOURSE, SUITE #203 BAY HARBOR ISLANDS, FL 33154
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1097030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent LAUZARDO, MICHAEL A 15549 MIAMI LAKEWAY NORTH. #105 MIAMI LAKES, FL 33014

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VU, JOHN TRUNG 20906 SPRINGS TERRACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAUZARDO, MICHAEL A 15549 MIAMI LAKEWAY NORTH#105 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KELLEY, MATTHEW P 20906 SPRINGS TERRACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SURPRENANT, JOSEPH 2320 PLUN COURT PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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05/03/04-80101-016 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/29/04 Date	305-512-1340 Daytime Phone #
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