2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90212 003 ***150.00

Daytime Phone #

DATÁBASS MUSIC AND MULTIMEDIA CORP. Principal Place of Business Mailing Address 20906 SPRINGS TERRACE C/O JOSEPH D SYDNOR, CPA 1005 KANE CONCOURSE, SUITE #203 BAY HARBOR ISLANDS, FL 33154 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 CR2E034 (10/03) Cha-P City & State City & State 4 EEL Number Applied For 65-1097030 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame LAUZARDO, MICHAEL A 15549 MIAMI LAKEWAY NORTH. #105 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES, FL 33014 City Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE Change Addition VU, JOHN TRUNG NAME NAME STREET ADDRESS 20906 SPRINGS TERRACE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME LAUZARDO, MICHAEL A NAME STREET ADDRESS 15549 MIAMI LAKEWAY NORTH#105 STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-7IP CITY-ST-7IP Delete TITLE Addition TITLE Change KELLEY, MATTHEW P NAME NAME 20906 SPRINGS TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition SURPRENANT, JOSEPH NAME NAME 2320 PLUN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-ZIP Director ☐ Change X Addition TITLE ☐ Delete 7m F NAME NAME Lopez, Yobany 724 West 65th Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL 33012 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR