

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90089 020 ***150.00

DOCUMENT # P01000032020					
1. Entity Name DATABASS MUSIC AND MULTIMEDIA CORP.					
Principal Place of Business 15549 MAIMI LAKEWAY NORTH SUITE 105 MIAMI LAKES, FL 33014			Mailing Address C/O JOSEPH D SYDNOR, CPA 1005 KANE CONCOURSE, SUITE #203 BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Kris I. Dougherty, CPA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1005 Kane Concourse, #203		03112008 Chg-P CR2E034 (12/06)	
City & State		City & State Bay Harbor Islands, FL		4. FEI Number 65-1097030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33154		U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAUZARDO, MICHAEL A 15549 MIAMI LAKEWAY NORTH. #105 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME VU, JOHN TRUNG STREET ADDRESS 20906 SPRINGS TERRACE CITY - ST - ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE D NAME Pantoja, Rick STREET ADDRESS 1635 N.E. 176th Street CITY - ST - ZIP North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME LAUZARDO, MICHAEL A STREET ADDRESS 15549 MIAMI LAKEWAY NORTH#105 CITY - ST - ZIP MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LOPEZ, YOBANY STREET ADDRESS 724 W 65 DRIVE CITY - ST - ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		TITLE D NAME Boudeau, Bryce STREET ADDRESS 1635 N.E. 176th Street CITY - ST - ZIP North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" 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	
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:			Michael A. Lauzardo 4/24/08 (954)854-3904		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		