

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 016 ***150.00

DOCUMENT # P01000033124 1. Entity Name SHAKIN BAKER MUSIC, INC.					
Principal Place of Business 7233 PROMENADE DRIVE, APT. 301 BOCA RATON, FL 33433			Mailing Address 7233 PROMENADE DRIVE, APT. 301 BOCA RATON, FL 33433		
2. Principal Place of Business 3522 NW 61ST CIRCLE			3. Mailing Address 450 SEVENTH AVENUE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 1701		
City & State BOCA RATON, FL			City & State NEW YORK, NY		
Zip 33496		Country USA		Zip 10123-1701	
Country USA		4. FEI Number 11-2612830			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BAKER, IRVING 7233 PROMENADE DRIVE, APT. 301 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name IRVING BAKER Street Address (P.O. Box Number is Not Acceptable) 3522 NW 61ST CIRCLE City BOCA RATON FL Zip Code 33496		
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 (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR, BAKER 450 SEVENTH AVE STE 1701 NEWYORK, NY 10123107	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR BAKER 450 SEVENTH AVENUE, STE#1701, NY, NY 10123-1701	<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			
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 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: _____ 8/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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