2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P01000051920 1. Entity Name PANGEA RECORDINGS, INC. Principal Place of Business Mailing Address 4484 LAKE IN THE WOODS DR 4484 LAKE IN THE WOODS DR SPRING HILL, FL 34607 SPRING HILL, FL 34607 CR2E034 (10/03) 03012005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3715745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SALHAB, SAMER A DO NOT WRITE 4484 LAKE IN THE WOODS DR SPRING HILL, FL 34607 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 agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS

PSD TITLE

NAME SALHAB, SAMER A STREET ADDRESS 4484 LAKE IN THE WOODS DR. SPRING HILL, FL 34607 CITY-ST-ZIP PTVD TITLE SALHAB, ABD E 4484 LAKE IN THE WOODS DR. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 507, 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

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #