

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071828	
1. Entity Name MEGABYTE RECORDS, INC.	

Principal Place of Business 190 GLADIOLA ROAD NE PALM BAY, FL 32907	Mailing Address 190 GLADIOLA ROAD NE PALM BAY, FL 32907
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DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0621684	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

**COASTON, DEBORAH H
190 GLADIOLA ROAD NE
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

6. 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 signatures required with reinstating

DATE

**FILE NOW!!! FEE IS \$180.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COASTON, LAMAR JR 190 GLADIOLA ROAD NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COASTON, DEBORAH H 190 GLADIOLA ROAD NE PALM BAY, FL 32907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/04-80107-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 underneath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 employees.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 321-952-2093