## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P01000071828** 04-28-2005 90179 003 \*\*\*150.00 1. Entity Name MEGABYTE RECORDS, INC. Principal Place of Business Mailing Address 14004048 190 GLADIOLA ROAD NE 190 GLADIOLA ROAD NE PALM BAY, FL 32907 PALM BAY, FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04242005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 01-0621664 Not Applicable Zip Country . Zip 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 COASTON, DEBORAH H Street Address (P.O. Box Number is Not Acceptable) 190 GLADIOLA ROAD NE PALM BAY, FL 32907 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition COASTON, LAMAR JR NAME NAME STREET ADDRESS 190 GLADIOLA ROAD NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition COASTON, DEBORAH H NAME NAME 190 GLADIOLA ROAD NE STREET ADDRESS STREET ADORESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Statutey, and that my name appears in Block 10 or Block 11 if changed, or on an attachment wind an address, with all other like empowered. 3*21-95*2-2*0*93 SIGNATURE: 🚅 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DO Daytime Phone #

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