

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110730

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** AFFILIATED MUSIC ENTERPRISES, INC.

**Current Principal Place of Business:**

3990 MINTON RD.  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

3990 MINTON RD.  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 59-3757161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLAGHER, RONALD  
3990 MINTON RD.  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GALLAGHER, RONALD  
Address: 3990 MINTON RD.  
City-St-Zip: MELBOURNE, FL 32904

Title: DS  
Name: GALLAGHER, PATRICIA  
Address: 3990 MINTON RD  
City-St-Zip: MELBOURNE, FL 32904

Title: DT  
Name: LEACH, MICHELLE  
Address: 3990 MINTON RD  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD GALLAGHER

DP

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date