

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91016 031 \*\*\*150.00

**DOCUMENT # P01000112575**

1. Entity Name  
**EVIL HERTZ MUSIC, INC.**



Principal Place of Business  
**2631 WOODFERN LANE  
JACKSONVILLE, FL 32223**

Mailing Address  
**C/O W.E.C  
15 E 26TH STREET, SUITE 1803  
NEW YORK, NY 10010**

**94081420**



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3757989</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~HERNANDEZ, MEREDITH A~~  
~~3617 CROWN POINT RD~~  
~~STET~~  
~~JACKSONVILLE, FL 32257~~

**HERMAN, Carolyn Esq.**  
**830 S Third St**  
**STE 104**  
**Jacksonville Fla. 32250**

**DO NOT WRITE  
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 *Carolyn Herman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/04

**FILE NOW!!! FEE IS \$150.00**  
**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	<b>D WALKER, LUKE 2631 WOODFERN LANE JACKSONVILLE, FL 32223</b>
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04  
Date

212-683-4200  
Daytime Phone #