

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003533

Entity Name: TREASURE COAST MUSIC, INC.

FILED  
Aug 23, 2005  
Secretary of State

## Current Principal Place of Business:

43 SW OSCEOLA ST.  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3178  
STUART, FL 34995

## New Mailing Address:

FEI Number: 80-0036483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUMMERS, ROBERT P ESQ.  
MCCARTHY SUMMERS BOBKO WOOD SAWYER & PERRY  
2400 SE FEDERAL HIGHWAY, FOURTH FLOOR  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

POLLACK, MICHAEL  
43 SW OSCEOLA STREET  
STUART, FL 34994 US

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: MICHAEL POLLACK

08/23/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POLLACK, MICHAEL  
Address: PO BOX 2089  
City-St-Zip: HOBE SOUND, FL 349950289

Title: DVST (X) Delete  
Name: POLLACK, MICHAEL  
Address: PO BOX 289  
City-St-Zip: STUART, FL 349950289

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL POLLACK

PRES

08/23/2005

Electronic Signature of Signing Officer or Director

Date