2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# P02000031297

Entity Name: NO CLUE MUSIC MANAGEMENT, INC.

Current Principal Place of Business:

8180 CLEARY BLVD
1801
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8180 CLEARY BLVD
1801
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 03-0427355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERTINI, GEORGE
8180 CLEARY BLVD
1801
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	ALBERTINI, GEORGE	
Address:	8180 CLEARY BLVD #1801	
City-St-Zip:	PLANTATION, FL 33324	
Title:	DV	( ) Delete
Name:	BILTRES, RAFAEL D	
Address:	8500 NW 8 STREET #405	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	( ) Delete
Name:	BILTRES, CARLA	
Address:	8500 NW 8 STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	(X) Delete
Name:	SENITA, ANTHONY	
Address:	8500 NW 8 STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	(X) Delete
Name:	ROMEAU, ALEC	
Address:	8500 NW 8 STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	(X) Delete
Name:	SOLER, ARMANDO	
Address:	8500 NW 8 STREET	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	ALBERTINI, MARIA V	
Address:	8180 CLEARY BLVD#1801	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	(X) Change ( ) Addition
Name:	ARMANDO, SOLER	
Address:	8180 CLEARY BLVD#1801	
City-St-Zip:	PLANTATION, FL 33324	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: GEORGE ALBERTINI DPT 01/15/2005

Electronic Signature of Signing Officer or Director — Date