

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043989

FILED
Apr 26, 2004
Secretary of State

Entity Name: MELODIOUS FUNK SONG WRITINGS, INC.

Current Principal Place of Business:

494 N.W. 165 ST. RD
C504
NORTH MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

5469 N.W. 189 ST.
MIAMI, FL 33055

New Mailing Address:

FEI Number: 04-3751321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JOEL E VP
494 N.W. 165 ST. RD.
C504
NORTH MIAMI, FL 33169

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: P () Delete
Name: WATTS, MICHAEL A
Address: 5555 N.W. 192 LANE
City-St-Zip: MIAMI, FL 33055

Title: V () Delete
Name: ALLEN, JOEL E
Address: 494 N.W. 165 ST. RD. APT# C-504
City-St-Zip: NORTH MIAMI, FL 33169

Title: V () Delete
Name: JOHNSON, KRIS M
Address: 5535 N.W. 190 LANE
City-St-Zip: MIAMI, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WATTS, MICHAEL A WRITER
Address: 5555 N.W. 192 LANE
City-St-Zip: MIAMI, FL 33055

Title: P (X) Change () Addition
Name: ALLEN, JOEL E WRITER
Address: 494 N.W. 165 ST. RD. APT# C-504
City-St-Zip: NORTH MIAMI, FL 33169

Title: V (X) Change () Addition
Name: JOHNSON, KRIS M WRITER
Address: 5535 N.W. 190 LANE
City-St-Zip: MIAMI, FL 33055

Title: V () Change (X) Addition
Name: WATTS, TIMOTHY D WRITER
Address: 5555 NW 192 LANE
City-St-Zip: MIAMI, FL 33055

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: JOEL ALLEN

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date