2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048683

1. Entity Name RHAPSODY MUSIC INC.

FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

JACKSONVILLE, FL 32246

12041 BEACH BLVD., UNIT 22

Malling Address

1733 SOUTHCREEK DRIVE JACKSONVILLE, FL 32259



DO NOT WRITE IN THIS SPACE

 G2152068
 No Chy-P
 CR2E034 (11/05)

 4. FEI Number 05-0387660
 Applied For Not Applicable

 5. Certificate of Status Desired
 \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

YAZGI, TONIA 3123 BEACH BOULEVARD JACKSONVILLE, FL 32207

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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 Specime, typed or printed interest agent and two if applicable. (NOTE: Regulated Agent alignature required when remistating) DATE					
FILE NOWIN FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing []	\$5.00 May Be Added to Fees	H00000443838 03/06/06-80027-016 150.00
10.	OFFICERS AND DIREC	TORS	<u> </u>		<u> </u>
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, RICHARD L 1733 SOUTHCREEK DRIVE JACKSONVILLE, FL 32259				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, ANDREA G 1733 SOUTHCREEK DRIVE JACKSONVILLE, FL 32259				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS COTT-ST-ZIP					
RTLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Stabiles, 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.					

WITED NAME OF MONTHS OFFICER ON DIRECTOR