2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2006 08:00 AM Secretary of State **DOCUMENT # P02000052225** MUSIC SERVICES INC. Principal Place of Business Mailing Address 225 REX CT 225 REX CT PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 03122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0014603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent PRYWELLER, SEYMOUR Z DO NOT WRITE **225 REX CT** PALM SPRINGS, FL 33461 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.60 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees to. OFFICERS AND DIRECTORS 00.00 150,00 150,00 150,00 150,00 TITLE NAME PRYWELLER, SEYMOUR Z STREET ADDRESS 225 REX CT CITY-SY-709 PALM SPRINGS, FL 33461 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE City-st-ze TITLE IN THIS SPACE NAME STITEET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 earne legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with advantages, with all other like empowered.

SIGNATURE:

TITLE NAME STREET AUDITESS CITY-ST-ZIP

WPED ON PRINTED NAME OF SIGNING OFFICER OR D

FILED