2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063987

1. Entity Name
ACCESSPOINT MUSIC, INC.

Principal Place of Business	Mailing Address
1320 SEAGRAPE CIRCLE WESTON, FL 33326	1320 SEAGRAPE CIRCLE WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-3078198	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBARRA, BETHANY M
1320 SEAGRAPE CIRCLE
WESTON, FL 33326

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	IBARRA, CHRISTIAN M
STREET ADDRESS	1320 SEAGRAPE CIRCLE
CITY-ST-ZIP	WESTON, FL 33326

TITLE	V
NAME	BETHANY, IBARRA M
STREET ADDRESS	1320 SEAGRAPE CIRCLE
CITY-ST-ZIP	WESTON, FL 33326

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80030-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____ Bethany Ibarra   April 23 2004   954/275-0997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #