## ANNUAL REPORT

## Mar 31, 2004 8:00 am **DOCUMENT # P03000086621** Secretary of State SEVEN DAUGHTERS MUSIC, INC. 03-31-2004 90005 026 \*\*\*150.00 Principal Place of Business Mailing Address 2608 RUNYON CIRCLE 2608 RUNYON CIRCLE ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 56-2387836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DESJARDINS, STEPHEN H MR Street Address (P.O. Box Number is Not Acceptable) 2608 RUNYON CIRCLE ORLANDO, FL FL City Zip Code 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE DESJARDINS, STEPHEN H NAME NAME STREET ADDRESS 2608 RUNYON CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP **TREA** Change TITLE ☐ Defete TITLE ☐ Addition DESJARDINS, STEPHEN H NAME NAME STREET ADDRESS 2608 RUNYON CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP SECR TITLE Change ☐ Addition ☐ Delete DESJARDINS, STEPHEN H NAME NAME 2608 RUNYON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY\_ST\_7/P CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN H DESTARCINS