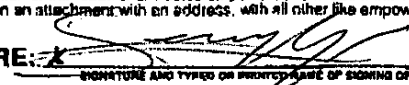


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90118 014 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000110101			
1. Entity Name MUSIC4CENTS INC.			
Principal Place of Business 18 HAMPSHIRE DRIVE SUITE 181 NASHUA, NH 03063 US		Mailing Address P.O. BOX 543442 LAKE WORTH, FL 33454 US	
2. Principal Place of Business 5361 GRAND BANKS BLVD		3. Mailing Address 5361 GRAND BANKS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREEN ACRES FL		City & State GREEN ACRES FL	
Zip 33463		Zip 33463	
Country		Country	
4. FEI Number 20-0761358		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, SEAN D 5361 GRAND BANKS BLVD GREEN ACRES, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 available. (NOTE: Registered Agent signature not valid when notarized)) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENRY, SEAN D 5361 GRAND BANKS BLVD GREEN ACRES, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SEAN HENRY, President 7/20/05 (561) 207-7131		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE	