05/02/2005 09:23 3057590639 KAY BUSINE!

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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 541442~~
~~LAKE WORTH, FL 33454 US~~

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5361 GRAND BANKS BLVD		5361 GRAND BANKS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GREENACRES FL		City & State: GREENACRES FL	
Zip: 33463	Country	Zip: 33463	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
GREENACRES, 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 applicable. (NOTE: Registered Agent signature required when reinstating) 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 GREENACRES, 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	D DELORES SASU-HENRY 5361 GRAND BANKS BLVD GREENACRES FL 33463	☐ 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: X [signature] SEAN HENRY. PRESIDENT 4/30/05 (561) 207-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #