2007 FOR PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000110101 04-26-2007 90229 031 ***158.75 1. Entity Name MUSIC4CENTS INC. Mailing Address MUSIC 4 CENTS, INC. 1829 EAST COURT 7040 SE 69th LANE WEST PALM BEACH, FL 33406 TRENTON, FL 32693 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172007 Chg-P City & State City & State 4. FEI Number Applied For 20-0761358 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, SEAN D Stre 7040 SE 69th LANE 5361 GRAND BANKS BLVD GREENACRES, FL 33463 TRENTON, FL 32693 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 it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition HENRY, SEAN D 7040 SE 69th LANE NAME NAME 1829 EAST COURT STREET ADDRESS STREET ADDRESS TRENTON, FL 32693 CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 7040 SE 69th LANE SASU-HENRY, DELORES NAME NAME 1829 EAST COURT TRENTON, FL 32693 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33406 CITY-ST-ZIP C/TY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

RESTORN 4/7/07 (561) 207-7131

FILED