2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2004 8:00 am Secretary of State DOCUMENT # P03000142198 1. Entity Name 04-27-2004 90053 048 ***150.00 TONY'S TUNES, INC. Principal Place of Business Mailing Address 7087 GRAND NATIONAL DRIVE SUITE 109 ORLANDO PL 32819 7087 GRAND NATIONAL DRIVE SUITE 100 ORLANDO PL 32819 2. Principal Place of Business 3. Mailing Address 3554 S. HOPKINS AVE 3554 S HOPKINS AVE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For , City & State 4. FEI Numbe TITUSVILLE ADDIED Not Applicable TITUSVILLE \$8.75 Additional Zip 5. Certificate of Status Desired WSA. 32780 32780 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAVIGNE, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 7087 GRAND NATIONAL DRIVE SUITE 100 ORLANDO FL 32819 City Zip Code FI 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, lyped or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D MAHER, ANTHONY TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME 2674 RUNYON CR. OKLANDO, FL. 32837 12 AVENUE GARDENS EAST SHEEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, SW14 8BP CITY-ST-ZIP TITLE Change ☐ Delete Addition MAHER, THOMAS NAME 12 AVENUE GARDENS EAST SHEEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, SW14 8BP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

FILED

SIGNATURE:

changed, or on an attachment with