2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2008 08:00 AM **DOCUMENT # P04000050573** Secretary of State SPIELLER MUSIC CONSULTING, INC. Principal Place of Business Mailing Address 8890 VIA TUSCANY DRIVE 8890 VIA TUSCANY DRIVE **BOYNTON BEACH, FL. 33437 BOYNTON BEACH, FL 33437** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 03-0538944 Not Applicable Zip Country Zip 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 SPIELLER, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 8890 VIA TUSCANY DRIVE **BOYNTON BEACH, FL 33437** 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, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent eigneture required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete TITLE Change Addition SPIELLER, PHILLIP NAME NAME '20/08-8DIO6-012 150.00 8890 VIA TUSCANY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P **BOYNTON BEACH, FL 33437** CATY-ST-ZIP VSD TITI F ☐ Delete Change ☐ Addition SPIELLER, AVIS NAME MAME STREET ADDRESS 8890 VIA TUSCANY DRIVE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 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 MAKER NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME: NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP 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 attack,ment with an address, with all other like empowered. SIGNATURE

PED OR PRINTED NAME OF BIGINING OFFICER OR DE

FILED