2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P04000069227** 04-11-2005 90151 028 ***150.00 1. Entity Name DYNAMIC MUSIC CENTER INC. Mailing Address Principal Place of Business 35817 US 19 NORTH 35817 US 19 NORTH PALM HARBOR, FL 34684 US PALM HARBOR, FL 34684 US 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Žip 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 ruenthe ANTHONE DAMIANAKIS, P.A. 111 MCMULLEN BOOTH ROAD SUITE A CLEARWATER, FL 33759 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 8. The above named entity the obligations of reg 4-8-05 Signatule, tyldicriproted name of registore ag at and the Happicable (NOTE, Begistered Agent's applications and when rehistation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TIT) F ☐ Change NAME SCHMITT, GUENTHER J NAME STREET ADDRESS 35817 US 19N STREET ADDRESS CITY ST ZIP PALM HARBOR, FL 34684 CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HAME KALIE STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete ☐ Change ☐ Addition LAME KAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete ☐ Change ■ Addition LAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST 7IP CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 supplementary 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 ay address, with all other 3-25-05

FILED