

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P04000108484</b> 1. Entity Name <b>B SHARP MUSIC INC.</b>				 OCT -6 PM 3:50																																																																																																																																																	
Principal Place of Business <b>11328 OKEECHOBEE BLVD. SUITE 6 ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>11328 OKEECHOBEE BLVD. SUITE 6 ROYAL PALM BEACH FL 33411</b>																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number <b>30-0255880</b>																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>HARRIS, GREG 1675 POLO LAKE DR. EAST 11-105 WELLINGTON FL 33414</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																																																																																																																																																		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																		
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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.																																																																																																																																																					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					
<small>Date Daytime Phone #</small>																																																																																																																																																					