

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90046 024 \*\*\*150.00

<b>DOCUMENT # P04000116895</b>	
1. Entity Name <b>STAJAC MUSIC, INC.</b>	



Principal Place of Business <b>8650 S. OCEAN BLVD BLDG 1 AOT 1104 JENSEN BEACH, FL 34957</b>	Mailing Address <b>8650 S. OCEAN BLVD BLDG 1 AOT 1104 JENSEN BEACH, FL 34957</b>
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**40005253**



2. Principal Place of Business - No P.O. Box # <b>8650 S. Ocean Drive</b>	3. Mailing Address <b>8650 S. Ocean Drive</b>
Suite, Apt. #, etc. <b># 1104</b>	Suite, Apt. #, etc. <b># 1104</b>
City & State <b>Jensen Beach, FL</b>	City & State <b>Jensen Beach, FL</b>
Zip <b>34957</b>	Country <b>US</b>

01112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  <b>MURTHA, KEVIN M 7640 NORTH WICKHAM ROAD SUITE 121 MELBOURNE, FL 32940</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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]* DATE: 1/22/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIROTE, STANLEY 8650 S. OCEAN BLVD BLDG 1 APT 1104 JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sirote, Stanley 8650 S. Ocean Drive, #1104 Jensen Beach, FL 34957</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **1/22/07** **772-229-2848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #