2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154538

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: BIGSHOT MUSIC GROUP INC.

FILED Jul 12, 2006 Secretary of State

New Principal Place of Business:

400 NW 38 POMPANO	BTH PLACE D BEACH, FL :	33064			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
400 NW 38TH PLACE POMPANO BEACH, FL 33064			17300 17TH STREET SUITE J-223 TUSTIN, CA 92780		
FEI Number:	59-3789549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			: Name and Address of	Name and Address of New Registered Agent:	
400 NW 38	MICHAEL O BTH PLACE D BEACH, FL :	33064 US	WRIGHT, MICHAEL O 2160 TOM STREET NAVARRE, FL 32566	US	
	named entity s e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MICHAEL ORONDE WRIGHT				07/12/2006	
	Electron	ic Signature of Registered	Agent	Date	
		3(2)(b), F.S., the corporation d Trust Fund Contribution ().	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PCEO ()	Delete	T:0 050 0		
Name: Address: City-St-Zip:	WRIGHT, MICH 400 NW 38TH F POMPANO BEA	AEL O PLACE	Title: CEO () Name: WRIGHT, MIC Address: 2160 TOM ST City-St-Zip: NAVARRE, FL	REET	
Address:	400 NW 38TH F POMPANO BEA	AEL O PLACE ACH, FL 33064 Delete RE J PLACE	Name: WRIGHT, MIC Address: 2160 TOM ST City-St-Zip: NAVARRE, FL Title: P () Name: WRIGHT, JOA	HAEL O REET 32566 K) Change () Addition NNE ITREET SUITE J-223	

Name:Name:CHU, LI-JAY SENIOR M, ARKETING DIREC T ORAddress:Address:17300 17TH STREET SUITE J223City-St-Zip:City-St-Zip:TUSTIN, CA 92780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Title:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ORONDE WRIGHT

CEO 07/12/2006

() Delete

() Delete

() Delete

VP () Change (X) Addition SUSSELY-HOUSE, ADAM, VP OF NWMP

() Change (X) Addition

() Change (X) Addition

ESCAROS, ERIC SENIOR, PROMOTIONS DI R ECTOR

17300 17TH STREET SUITE J-223

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TUSTIN, CA 92780

TUSTIN, CA 92780