2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 A Secretary of State

DOCUMENT # P04000162803 1. Entity Name FONSI MUSIC PUBLISHING, INC.						
Principal Place of Business		Mailing Address				
5867 PARADISE POINT DR MIAMI, FL 33157		9130 S DADELAND BLVD Miami, FL 33156	#1800			



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4.	FEI NUMBER	l.,	Applied For
	84-1667536	 	Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	5 Additional equired

6. Name and Address of Current Registered Agent

BERCUSON, DAVID 9130 S DADELAND BLVD #1800 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and their applicable of the INOTE Registered agent agen	A Agent signalura required when reinstaling)?				
FIL After M	E NOWIN SPEE 15 \$ 150,007 BY Election Campaign Final Trust Fund Contribution Trust Fund Contribution	cing 1. \$5.00 May Be 1. / 9.4(
10.	OFFICERS AND DIRECTORS	in a loss on a filtrama a word a sister stap for at the state of				
TITLE NAME STREET ADDRESS	D RODRIGUEZ, LUIS A 9130 S DADELAND BLVD #1800					
CITY-ST-ZIP	MIAMI, FL 33156					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000790624 01/23/08-80041-021 150.00				
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

Thereby everly that memormation supplied with this fining does not quality 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 trustre 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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PUNTED HAME OF BIGNING OFFIGER OR DIRECTOR

18 0

305-670-0018