


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 005 ***150.00

DOCUMENT # P05000039224 1. Entity Name MICROPHONE MADNESS, INC.					
Principal Place of Business 138 PALM COAST PKWY NE SUITE 326 PALM COAST, FL 32137			Mailing Address 138 PALM COAST PKWY NE SUITE 326 PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # 2405 EAST MOODY BLVD. Suite, Apt. #, etc. BLDG. 2, UNIT 206		3. Mailing Address 43 PICKERING DRIVE Suite, Apt. #, etc.			
City & State BUNNELL, FL		City & State Palm Coast, FL		4. FEI Number 32-0144677	
Zip 32110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, JERRY C 4721 E. MOODY BLVD. BLDG. #5 STE 505 & 506 BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCGLASHEN, MICHAEL A 43 PICKERING DRIVE PALM COAST, FL 32164 <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	SVD MCGLASHEN, LONNIE R 43 PICKERING DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Michael McGlashen</u> MICHAEL MCGLASHEN			01-09-08 386 437-2550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		