


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90123 035 ***158.75

DOCUMENT # P05000071747 1. Entity Name DOUBLE P MUSIC INC.					
Principal Place of Business 6331 PREAKNESS DR. ORLANDO, FL 32818			Mailing Address 6331 PREAKNESS DR. ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06082007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 74-3143393	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, MELISSA 6331 PREAKNESS DR. ORLANDO, FL 32818				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: <i>Melissa Howard</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, MELISSA 6331 PREAKNESS DR. ORLANDO, FL 32818 <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	VD HOWARD, ROBERT 6331 PREAKNESS DR. ORLANDO, FL 32818 <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		
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		
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: <i>Melissa Howard</i> DATE: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT
40125116
Division of Corporations

Annual Report

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Document Number
P05000071747
Business Entity Name
DOUBLE P MUSIC INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 743143393
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☒ Yes ☐ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 6331 PREAKNESS DR.
Suite, Apt. #, etc. _____
City, State ORLANDO, FL
Zip Code & Country 32818

Mailing Address

Address 6331 PREAKNESS DR.
Suite, Apt. #, etc. _____
City, State ORLANDO, FL
Zip Code & Country 32818

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HOWARD, MELISSA, _____

- OR -

Business to serve as RA _____

Address (PO Box is not acceptable) 6331 PREAKNESS DR.

Suite, Apt. #, etc. _____

ATTACHMENT 40125116

<https://efile.sunbiz.org/scripts/ubr001.exe>

P05000071747

City, State

ORLANDO

, FL

Zip Code & Country

32818

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature MELISSA HOWARD

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

HOWARD

MELISSA

- OR -Entity Name to serve as
Officer/Director

Street Address

6331 PREAKNESS DR.

City, State

ORLANDO

, FL

Zip Code & Country

32818

Title

VD

Name (Last, First, Middle, Title)

HOWARD

ROBERT

- OR -Entity Name to serve as
Officer/Director

Street Address

6331 PREAKNESS DR.

City, State

ORLANDO

, FL

Zip Code & Country

32818

Title

Name (Last, First, Middle, Title)

- OR -

ATTACHMENT

block #

40125116

P05000071747

Title

CEO

Officer/Director Signature MELISSA HOWARD

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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