## √ 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 08:00 Al Secretary of State

DOCUMENT # P05000167567	
1. Entity Name	
UNCONVENTIONAL MUSIC INC	



Principal Place of Business

Mailing Address

17682 SEALAKES DRIVE BOCA RATON, FL 33498 17682 SEALAKES DRIVE BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

04232007 140 City-r	CINZEQ04	(11100)
4. FEI Number		Applied For
59-3828413		Not Applicable
5. Certificate of Status Desired		3.75 Additional Required

6. Name and Address of Current Registered Agent

BUDNER, MORDECAI 17682 SEALAKES DRIVE BOCA RATON, FL 33498

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Registered A	gent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	U00000733189 05/09/07-80072-024 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, MARVIN 17682 SEALAKES DRIVE BOCA RATON, FL 33498				·
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 eath; that I am an office or director.					

The boy certify that the information supplied with this litting coes 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 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C/LS /D)
Dayima

Daytene Phone #