


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 026 ***150.00

DOCUMENT # P06000039785 1. Entity Name ROCKHOP RECORDS, INC.			
Principal Place of Business 1030 HENSEN CT OVIEDO, FL 32765		Mailing Address 1030 HENSEN CT OVIEDO, FL 32765	
2. Principal Place of Business - No P.O. Box # 3601 Kernan Blvd South Suite, Apt. #, etc.		3. Mailing Address 2841 Crestview Dr. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32224		City & State Norco, CA Zip 92860	
4. FEI Number 20-4932333		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAVES, DONNA L 120 E CONCORD STREET ORLANDO, FL 32801		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 Due by September 12, 2008		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 D NAME GOODRICH, BRANDON G STREET ADDRESS 1030 HENSEN CT CITY - ST - ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE P NAME GOODRICH, BRANDON G STREET ADDRESS 2841 Crestview Dr. CITY - ST - ZIP Norco, CA 92860	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE VP NAME Weston, Bryan STREET ADDRESS 2841 Crestview Dr. CITY - ST - ZIP Norco, CA 92860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE VP NAME PEREZ, CESAR STREET ADDRESS 2841 Crestview Dr. CITY - ST - ZIP Norco, CA 92860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE S NAME NICHOLAS, JASON STREET ADDRESS 2841 Crestview Dr. CITY - ST - ZIP Norco, CA 92860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE T NAME VERRASTRO, ALEXANDER J. STREET ADDRESS 3601 Kernan Blvd South CITY - ST - ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" 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 officer 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/1/08 (561) 389-3347 Date Daytime Phone #	