2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State
01-14-2008 90107 025 ***150.00

DOCUMENT # P06000074687

1. Entity Name
IMAGINE WHAT IT'S LIKE MUSIC, INC.

Principal Place of Business	Mailing Address
900 NE 26TH STREET UNIT 5 WILTON MANORS, FL 33305	900 NE 26TH STREET UNIT 5 WILTON MANORS, FL 33305

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
900 N.E 26st. # 5	900 N.E 26st. # 5
Suite, Apt. #, etc. —	Suite, Apt. #, etc
City & State	City & State: Wilton Manors Fl.
Zip / Country	Zip: 33305 / Country

4. FEI Number: 74-3178871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
H. BRYANT SIMS 250 ESSEX LANE WEST PALM BEACH, FL 33405	Name: H. Bryant Sims Street Address (P.O. Box Number is Not Acceptable): 250 Essex Lane. City: West Palm bch. FL Zip Code: 33405

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] Jan 8th 2008
Signature, typed or printed name of registered agent and title if applicable — 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. ☐ $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	PSD GONZALEZ, RUBIN ~~[illegible] 20TH AVENUE #306~~ ~~POMPANO BEACH, FL 33062~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD - Ruben Gonzalez 900 N.E 26st # 5 Wilton Manors ~~Fl 33305~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VTD~~ ~~ESPOSITO, ALBERT~~ ~~[illegible]~~ ~~[illegible]~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	← V.T.D. has deceased Jan 5th 07 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Feb 28th 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #