


2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-02-2007 90063 032 ***150.00

FILED
P06000075268

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000075268 1. Entity Name HOT DRIVE SOUNDS INC.					
Principal Place of Business 1812 ADAMS ST. HOLLYWOOD, FL 33020			Mailing Address 1812 ADAMS ST. HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # 4000 GRANT STREET		3. Mailing Address 4000 GRANT STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 20-4984705	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEMZER, EFRAN 1812 ADAMS ST. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4000 GRANT STREET City HOLLYWOOD FL Zip Code 33021			
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: EFRAN NEMZER DATE: 03/30/08 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P NEMZER, EFRAN <input type="checkbox"/> Delete 1812 ADAMS ST. HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 GRANT STREET HOLLYWOOD FL 33021	
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	
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: EFRAN NEMZER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 03/30/08 Daytime Phone: 954-976-1515		

This is his signature.