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Mar 12, 2007 8:00 am
Secretary of State

02-19-2007 90047 040 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000109457

1. Entity Name
SPIRIT MUSIC PRODUCTIONS INC

Principal Place of Business	Mailing Address
~~10909 ATLANTIC BLVD SUITE 4R JACKSONVILLE, FL 32225~~ change	~~10909 ATLANTIC BLVD SUITE 4R JACKSONVILLE, FL 32225~~ change
2. Principal Place of Business - No P.O. Box #: 12132 Ft. Caroline Rd	3. Mailing Address: 1623 Troy Lynn Trail
Suite, Apt. #, etc.: Suite 7	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32225 / Country: US	Zip: 32225 / Country: US

01112007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5413872 ☐ 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
FORDHAM, RANDI E 1241 S MCDUFF AVE JACKSONVILLE, FL 32205	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 [signature] 1-11-07
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, 2007 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	P PALLADINO, JAMES N 1623 TROY LYNN TRAIL JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 X [signature] 1/11/07 (904) 645-9068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #