

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 17, 2008 8:00 am
Secretary of State**

04-17-2008 90037 018 ***150.00

DOCUMENT # P06000136402

1. Entity Name
DAN SALMASIAN MUSIC, INC.



Principal Place of Business
12102 169TH COURT NORTH
JUPITER, FL 33478

Mailing Address

12102 169TH COURT NORTH
JUPITER, FL 33478

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-5791482

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LUBITZ, CHARLES A
515 NORTH FLAGLER DRIVE 17TH FLOOR
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name ARVIND AJINKYA
Street Address (P.O. Box Number is Not Acceptable)
4524 GOLF CLUB RD. #102

City W. PALM BEACH

FL Zip Code 33415

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/08

**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

TITLE PTD
NAME SALMASIAN, DANIEL
STREET ADDRESS 12102 169TH COURT NORTH
CITY-ST-ZIP JUPITER, FL 33478

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VPSD
NAME SALMASIAN, SARAH
STREET ADDRESS 12102 169TH COURT NORTH
CITY-ST-ZIP JUPITER, FL 33478

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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Change Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 561-748-2152
Date Daytime Phone #