

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000033475			
1. Entity Name MYMUSICSOURCE INC.			
Principal Place of Business 537 N. MAGNOLIA AVE. ORLANDO, FL 32801		Mailing Address 537 N. MAGNOLIA AVE. ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 45 GREY FOX RUN Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State CHAGRIN FALLS, OH. Zip 44022		City & State  Zip  Country	
4. FEI Number		<input checked="" type="checkbox"/> 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 REDMAN, MICHAEL J 537 N. MAGNOLIA AVE. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name MICHAEL SPECK Street Address (P.O. Box Number is Not Acceptable) 1912 B LEE ROAD City ORLANDO FL Zip Code 32810	
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 <u>Michael Speck</u> DATE <u>1/11/08</u> <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D REDMAN, MICHAEL J 537 N. MAGNOLIA AVE. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REDMAN, MICHAEL J. 45 GREY FOX RUN CHAGRIN FALLS, OH 44022 <input checked="" 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	500119934615 03/11/08--01012--005 **450.00 <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	100119947031 03/11/08--01012--004 **450.00 <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
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-28-08 3216636630 Date Daytime Phone #	

KS