2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090908

Title:

Name:

Address:

City-St-Zip:

() Delete

SCHOKE, ELAYNE R

17216 COURTLAND LANE

BOCA RATON, FL 33496 US

FILED Apr 01, 2009 Secretary of State

Entity Name: SHOWKEY SONGWORKS, INC. **Current Principal Place of Business: New Principal Place of Business:** 17216 COURTLAND LANE BOCA RATON, FL 33496 US **Current Mailing Address: New Mailing Address:** 17216 COURTLAND LANE BOCA RATON, FL 33496 US FEI Number: 26-0721817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOKE, JAMES A 17216 COURTLAND LANE BOCA RATON, FL 33496 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WEINBERG, LYNNE S WEINBERG, LYNNE S Name: Name: 183 HIGH CLEAR RD 183 HIGH CLEAR RD Address: Address: City-St-Zip: STAMFORD, CT 06902 US City-St-Zip: STAMFORD, CT 06902 US Title: PD Title: () Delete () Change () Addition Name: SCHOKE, JAMES A Name: 17216 COURTLAND LANE Address: Address: BOCA RATON, FL 33496 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TD

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(X) Change () Addition

SIGNATURE: JAMES A. SCHOKE PD 04/01/2009