2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004801

Entity Name: LIVESTOC MUZIK CORP.

HENDERSON, GRANT

MIAMI, FL 33173

8650 SW 109 AVE., UNIT 3-210

Name:

Address:

City-St-Zip:

FILED Sep 01, 2009 Secretary of State

,				
Current F	Principal Place of Business:	New Principal Place	New Principal Place of Business:	
11364 SW MIAMI, FL	/ 165 TERRACE . 33157			
Current N	Mailing Address:	New Mailing Address	New Mailing Address:	
11364 SV MIAMI, FL	/ 165 TERRACE . 33157			
FEI Number	r: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Ager	nt: Name and Address o	f New Registered Agent:	
BYNUM, L 20331 SW MIAMI, FL	/ 110 CT.	the nurnose of changing its registere	d office or registered agent, or both	
	e of Florida.	the purpose of changing its registered	d office of registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	d Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (
	S AND DIRECTORS:		ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP () Delete JOACHIM, FRANTZ 8650 SW 109 AVE., UNIT 3-210 MIAMI, FL 33173	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete BYNUM, LARRY 8650 SW 109 AVE., UNIT 3-210 MIAMI, FL 33173	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete HENDERSON, AVIEL 8650 SW 109 AVE., UNIT 3-210 MIAMI, FL 33173	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V () Delete	Title	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANTZ JOACHIM MR 09/01/2009