## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000105530

Entity Name: SWAMP MUSIC, INC.

FILED Mar 19, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                | New Principal Place of Business:            |  |  |
|---|---|--------------------------------|---|--|--|
| 1560 LENG<br>207                              | OX AVE.   |                                |   |  |  |
|   | ACH, FL 33139   | US                             |   |  |  |
| Current Mailing Address:                      |   |                                | New Mailing Address:                        |  |  |
| 1560 LENG<br>207                              | OX AVE.   |                                |   |  |  |
|   | ACH, FL 33139   | US                             |   |  |  |
| FEI Number:                                   | :   | FEI Number Applied For ( )     | FEI Number Not Applicable (X)               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |                                | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| CRUZ, AM<br>1560 LENG<br>207<br>MIAMI BEA     |   | US                             |   |  |  |
|   | e of Florida.   | bmits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,       |  |
|   |   | Signature of Registered Ag     | ent   | Date   |  |
| Election Car                                  | mpaign Financing  | Frust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                       |   |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ST () E<br>BORZELLI, EMIL<br>5101 COLLINS A'<br>MIAMI BEACH, FI | VE. # 11B                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP () C<br>DIAZ, CHRISTIAN<br>1498 JEFFERSO<br>MIAMI BEACH, FI  | N AVE. # 204                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P () C<br>CRUZ, ADAM<br>1688 WEST AVE<br>MIAMI BEACH, FI        |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | () 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.

SIGNATURE: ADAM CRUZ D 03/19/2009