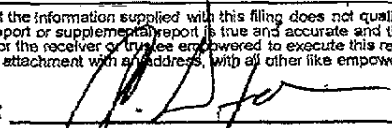


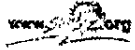
2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 APR 30 AM 9:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000052687					
1. Entity Name DEFYNE ENTERTAINMENT MUSIC GROUP, INC.					
Principal Place of Business 1800 NE 114TH ST UNIT 1602 MIAMI, FL 33181			Mailing Address PO BOX 4044 HALLENDALE, FL 33008		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-5509690	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACK, JONATHAN R 1800 NE 114TH ST UNIT 1602 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 DIXON, ANONKA PO BOX 4044 HALLENDALE, FL 33008		TITLE NAME STREET ADDRESS CITY - ST - ZIP 500253479515 11/04/13--01004--002 **150.00		
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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: 			10/6/13 anonkadixon@gmail.com		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
			E-MAIL ADDRESS		



Annual Report Filing History

Search By Document ID

P12000052687

Search

Session

Transaction ID	Description	Filing Stage
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There are no transactions for this document id.

