


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P39822	
1. Entity Name THE MASQUE SOUND AND RECORDING CORPORATION	

Principal Place of Business 9468 AMERICAN EAGLE WAY SUITE 100 ORLANDO, FL 32837	Mailing Address 100 REDNECK AVE MOONACHIE, NJ 07074
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1590241	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE C	SHEARING, JOHN A
NAME	100 REDNECK AVENUE
STREET ADDRESS	MOONACHIE, NJ 07074
CITY-ST-ZIP	
TITLE ST	SHEARING, ANA Y
NAME	100 REDNECK AVENUE
STREET ADDRESS	MOONACHIE, NJ 07074
CITY-ST-ZIP	
TITLE VP	SHEARING, GEOFFREY
NAME	100 REDNECK AVE
STREET ADDRESS	MOONACHIE, NJ 07074
CITY-ST-ZIP	
TITLE D	BAILEY, BARBARA
NAME	100 REDNECK AVE
STREET ADDRESS	MOONACHIE, NJ 07074
CITY-ST-ZIP	
TITLE VP	SHEARING, JAMES
NAME	100 REDNECK AVE
STREET ADDRESS	MOONACHIE, NJ 07074
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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03/22/04-80023-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Shearing James Shearing VP 3/19/04 201 939 8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #