2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

changed, or on an attachm

SIGNATURE AND TY

SIGNATURE:

Feb 16, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P94000017344 02-16-2006 90035 006 ***150.00 1. Entity Name ROCKN'SOULO MUSIC CO., INC. Principal Place of Business Mailing Address 6001641T 5279 S.W. 40TH AVE. 5279 S.W. 40TH AVE. FT. LAUDERDALE, FL 33314 FT. LAUDERDALE, FL 33314 Principal Place of Business 3. Mailing Address 3062 RED Whomigrove Why well has 3062 Suite, Apt. #, etc. 01272006 Chg-P CR2E034 (11/05) City & State State 4. FEI Number Applied For aula JANI 65-0474510 Not Applicable \$8.75 Additional ζA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUCCOLO, JAMES Street Address (P.O. Box Number is Not Acceptable) 5279 S.W. 40TH AVE FT. LAUDERDALE, FL 33314 Zip Code 8. The above named entity submits this states pent for the purpose 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 nted name of requirered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE Change ☐ Addition RUCOLLO, JAMES NAME NAME 5279 S.W. 40TH AVE. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33314 CITY - ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Kuccolo, James ☐ Change NAME NAME 3062 RED MANIGUAVE lun STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE ☐ Change ■ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 teport 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR