2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 15, 2004 8:00 am Secretary of State

ANNOAL REPORT						Secretary of State				
DOCUMENT # P94000023536 1. Entity Name MSI MUSIC CORP.								4 90008 01		
Principal Place	Mailing Address	g Address			'					
14620 NW 60		14620 NW 60TH AVE.								
MIAMI LAKES, FL 33014-2811 US MIAMI LAKES, FL 3			4-2811 US			*				
						1	dii Cicii Celli Esili Sel			1 II 1 88 6
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01122004	Chg-P	CR2E034	(10/03)	
City & State		City & State				4. FEI Number 65-0481	551			ed For Applicable
Zip	Country	Zip Co		try	5. Certificate of Status D				.75 Addition Required	nal
······································	6. Name and Address of Current I	Registered Agent	jistered Agent			7. Name and A	ddress of New R	legistered Age	nt	
				Name						
CFRA, LLC				Street Add	dress (i	P.O. Box Number	is Not Acceptable	e)		
ONE HARE		Street Address (P.O. Box Number is Not Acceptable)								
TAMPA, FL 33602									7: 0 1	
		÷		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.										
	ons of registered agent.							-		
SIGNATURE It is a signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees	. de san san	#	(CB2.) 7.2	I -
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	FICERS AND DI	RECTORS II	N 11
TITLE	DPS Delete			E						☐ Addition
NAME	COLONOMOS, BENJAMIN		NAM	E .	146	20 NUI	1607 F.	re.		
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	MAIMI, FL DVPT	☐ Delete	TITLE		7000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77 · 2			Addition
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, STREET ADDRESS	Service of the servic	. S. 331. U		EET ADDRESS		<u>.</u>		· · · · ·	- 1	•
CITY-ST-ZIP	in the state of th	Able Gline sleep and a self-tra-	Alexandria		ad in C	action 119 07/23/0	Florida Statutos	I further cortifu	that the info	ormation
12. I hereby (indicated	certify that the information supplied with on this report or supplemental report is	s true and accurate and that m	ne exe ny signa	ature shall ha	ave the	same legal effect	as if made under	oath; that I am	an officer or	r director
12. Thereby certify that the information supplied with this filing does not qualify for the exemptor stated in Section 11-3-07(a)r, Florida Statutes, failth and the filing does not qualify for the exemptor stated in Section 11-3-07(a)r, Florida Statutes, failth and 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.										
Changed, or on an attachment with an address, with all other line dispersions.										

OFFICER OR DIRECTOR

11/12/04