2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 8:00 am **Secretary of State DOCUMENT # P94000057731** 01-14-2005 90003 001 ***158.75 TULIO CREMISINI MUSICAL PRODUCTIONS, INC. Principal Place of Business Mailing Address 2530 EAGLE RUN CIRCLE 2530 EAGLE RUN CIRCLE WESTON, FL 33327 US WESTON, FL 33327 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 65-0517450 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREMISINI, TULIO Street Address (P.O. Box Number is Not Acceptable) 1304 SW 160TH AVE **SUITE 215-A** SUNRISE, FL 33326 City 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PD TITLE Delete TITLE ☐ Change ☐ Addition CREMISINI, TULIO NAME NAME STREET ADDRESS 2530 EAGLE RUN CIRCLE STREET ADDRESS COY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE Delete V D Change TITLE ☐ Addition CREMISINI, ELENA 2530 EAGLE RUN CIRCLE VALDES-DAUSSA, ELENA NAME STREET ADDRESS 2530 EAGLE RUN CIRCLE STREET ADDRESS CITY-ST-2IP WESTON, FL 33327 CITY-ST-ZIP WESTON FL 33327 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P TITLE Delete TITLE ☐ Change Addition:

FILED

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

954-3493140