2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060815

City-St-Zip:

FT LAUDERDALE, FL 33306 US

FILED Mar 27, 2009 Secretary of State

Entity Nan	ne: MUVIC	O PALM HA	RBOR, INC.						
Current Pr	incipal Pla	ce of Busin	ess:	New Prin	New Principal Place of Business:				
6TH FLOO	DERAL HIG R DERDALE,		US						
Current Ma	ailing Addr	ess:		New Mail	New Mailing Address:				
6TH FLOO	DERAL HIG R DERDALE,		US						
FEI Number:	59-3276647	FEI Num	ber Applied For()	FEI Number Not App	olicable ()	Certifica	ate of Status Des	ired ()	
Name and	Address of	f Current Ro	egistered Agent:	Name and	Name and Address of New Registered Agent:				
3101 N. FE 6TH FLOO			JS						
The above in the State		ty submits th	is statement for the p	ourpose of changing	its registere	d office or r	registered ager	ıt, or both,	
SIGNATUR		onio Cianati	ure of Degistered Age	nt .			Date		
Election Carr		J	re of Registered Age d Contribution ().	erit			Date		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name:	PD HASHEMI, A	() Delete . HAMID		Title: Name:	D AMATURO,	(X) Change JOSEPH C	() Addition		

21 COMPASS ISLAND Address: 3101 N FEDERAL HWY, 6TH FLOOR Address: City-St-Zip: FORT LAUDERDALE, FL 33308 US City-St-Zip: FORT LAUDERDALE, FL 33306 US Title: VD () Delete Title: (X) Change () Addition MELVIN, MICHAEL W NICKEL. JEANETTE E Name: Name: Address: 4206 N.E. 22ND AVE Address: 3101 N FEDERAL HWY, 6TH FLOOR FT. LAUDERDALE, FL 33308 US FT. LAUDERDALE, FL 33306 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: AMATURO, JOSEPH C Name: Address: 3101 N FEDERAL HWY, 6TH FLOOR Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH C AMATURO D 03/27/2009