

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 044 ***158.75

DOCUMENT # P94000085060

1. Entity Name
MUSICANA ENTERPRISES, INC.



Principal Place of Business

4950 SABAL PALM BLVD E
108
TAMARAC, FL 33319 US

Mailing Address

4950 SABAL PALM BLVD E
108
TAMARAC, FL 33319 US

14010957



2. Principal Place of Business

4975 Sabal Palm Blvd. E
Suite, Apt. #, etc.
Bldg. 5 - #303
City & State
Tamarac, FL

3. Mailing Address

4975 Sabal Palm Blvd. E
Suite, Apt. #, etc.
Bldg. 5 - #303
City & State
Tamarac, FL

04252004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0602596

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, ANNETTE P
4950 SABAL PALM BLVD E
108
TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name
Annette P. RYAN
Street Address (P.O. Box Number is Not Acceptable)
4975 Sabal Palm Blvd. E.
Bldg. 5 - #303
City
Tamarac, FL
Zip Code
33319

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

Annette P. Ryan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
RYAN, ANNETTE P
4950 SABAL PALM BLVD E
TAMARAC, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
PELLEGRINO, PAUL M
4600 NW 5TH COURT
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOO
RYAN, WILLIAM P JR
4950 SABAL PALM BLVD E
TAMARAC, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
GINA P. Cummins
15409 BREM LANE
Charlotte, N.C 28277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Annette P. RYAN
4975 Sabal Palm Blvd. E - #303
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/SEC. (spelling) address
PELLEGRINI, PAUL M. III
12508 Sabal Point Dr., 203
Pineville, NC 28134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
GINA P. Cummins
15409 BREM LA.
Charlotte, NC ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Annette P. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2004

(954) 978-9958
or (954) 309-8559