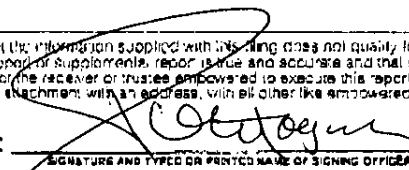


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 039 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000037592			
1. Entity Name ARTWORK-MUSIC CO., INC.			
Principal Place of Business 4517 PALM BEACH POINT BLVD. W. PALM BEACH, FL 33414-7410		Mailing Address C/O RENDINE CPA 3544 GOMER ST YORKTOWN HTS, NY 10598 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip		Zip	
Country		Country	
4. FBI Number 55-0597962		Applied For ☐ Not Applicable	
5. Corfil Date of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOGULL, IVAN 4517 PALM BEACH POINT BLVD. WEST PALM BEACH, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			
SIGNATURE: _____ DATE: _____			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MOGULL, IVAN 4517 PALM BEACH POINT BLVD. W. PALM BEACH, FL 334147410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOGULL, DAVID 2800 ISLAND BLVD #2903 MIAMI, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOGULL, MARCIA 4517 PALM BEACH POINT BLVD. W. PALM BEACH, FL 334147410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOGULL, PETER 380 EAST 72ND STREET NEW YORK, NY 10021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: 		561 745-9661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	