2006 R PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P95000068403 1. Entity Name CATMAN MUSIC INC. Mailing Address Principal Place of Business 9314 CONESTOGA AVE TALLAHASSEE FL 32308 9314 CONESTOGA AVE. TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3365092 Not Applicat Žφ 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 LEVINE, MARK S Street Address (P.O. Box Number is Not Acceptable) 245 EAST VIRGINIA STREET TALLAHASSEE FL 32301 City 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 resultating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME HUNDLEY, ANDREW M STREET ADDRESS STREET ADDRESS 9314 CONESTOGA AVE. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE TITLE HANG MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TiΠF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED