## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 25, 2008 08:00 AN Secretary of State **DOCUMENT # P95000076147** 1. Entity Name **B&M MUSIC INC** Principal Place of Business Mailing Address 11721 US HWY 19 MAIN ST USA #5,7 &9 PT RICHEY FL 34668 18105 EMERALD BAY ST TAMPA FL 33647 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #Letc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For 59-3340660 Not Applicable 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 MARTIN, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 18105 EMERALD BAY ST **TAMPA FL 33647** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or point, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered adent and tile if emplicable, (NOTE: Registered Agent's gratum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 PS TITLE Datete. ☐ Addition TITLE Change NAME MARTIN, ROBERT W NAME STREET ADDRESS 18105 EMERALD BAY ST STREET ADDRESS CITY ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITUL Drange Da-ete Addition TITLE U00000796831 NAME MARTIN, MARY G NAME 01/29/08-80049-016 150.00 STREET ADDRESS 18105 EMERALD BAY ST STREET ADDRESS CITY-SI-ZIP **TAMPA FL 33647** CITY ST. ZIP TITLE ☐ Deiete Addition THEF Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE F ☐ De'ete TIGE ☐ Change Addition HAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP DUE ☐ Defele TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-AP TITLE ☐ Deicte ☐ Charige THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. I hereby certify that the information subclied 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 tracke 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 either like empowered.

SIGNATURE

THE AND TYPED OR BRINTED NAME OF CHANGE OF CHEESE OF DIRECTO

ROBERT W. MARTIN / 23/08

813-991-1716

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