2007 FOR PROFIT CORPORATION

Jan 11, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P96000039575** 01-11-2007 90048 036 ***150.00 1. Entity Name MUSIC REALTY, INC. Principal Place of Business Mailing Address 2355 HIGHWAY 60 EAST 2355 HIGHWAY 60 EAST LAKE WALES, FL 33853 LAKE WALES, FL 33853 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2206403 Not Applicable Zip Country Zip 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 MUSIC, SANDRA M Street Address (P.O. Box Number is Not Acceptable) 2355 HIGHWAY 60 EAST LAKE WALES, FL 33853 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE Change ☐ Addition MUSIC, SANDRA A NAME NAME 2355 HIGHWAY 60 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 City-ST-ZIP TS TITLE ☐ Delete TITLE Change Ch **HENRIKSON** Henrikson, JANET NAME NAME STREET ADDRESS 2355 HIGHWAY 60 EAST STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

M Music 1/5/07

863-676-2788

FILED

☐ Change

☐ Addition