

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000044258</b>	
1. Entity Name <b>A MAJOR MUSIC, INC.</b>	
Principal Place of Business <b>11030 WILES RD. SUITE 102 CORAL SPRINGS, FL 33076</b>	Mailing Address <b>11030 WILES RD. SUITE 102 CORAL SPRINGS, FL 33076</b>



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0698361</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PICCINETTI, LOUIS A  
11030 WILES RD.  
SUITE 102  
CORAL SPRINGS, FL 33067**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

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	PD PICCINETTI, LOUIS 11030 WILES RD., #102 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRY E. BROOKLYN 11030 WILES ROAD #102 CORAL SPRINGS, FL
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03/30/05-80012-001 150.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Louis Piccinetti* 3/27/5 954-755  
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