2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/15

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-15-2004 90003 025 ***150.00

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DOCUMENT # P96000101239

1. Entity Name
MESSAGE MUSIC INC.

Principal Place of Business	Mailing Address
19839 S.W. 7TH PLACE PEMBROKE PINES, FL 33029	19839 S.W. 7TH PLACE PEMBROKE PINES, FL 33029

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0705410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CURRY-REID, JULIE C 19839 S.W. 7TH PLACE PEMBROKE PINES, FL 33029	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EO ASHLEY, JAMAL R 19839 S.W. 7TH PLACE PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Julie Curry Reid 19839 S.W. 7th Place Pembroke Pines ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP2 CURRY, VICTOR T 5335 N.W. 188 STREET MIAMI, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President 1 Victor T. Curry 5335 N.W. 188 Street Miami Fl 33055 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP3 FORD, BARBARA C 535 N.W. 188 STREET MIAMI, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President 2 Barbara Forde 535 N.W. 188 Street Miami, Fl 33169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS WHITE, DENISE 1210 N.W. 179 TERRACE NORTH MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Denise White 1210 N.W. 179 Terrace North Miami Fl 33169 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATS ALLEN, CHARLOTTE C 2210 N.W. 44 AVENUE FT. LAUDERDALE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATS Charlotte C Allen 2210 N.W. 44 Ave Ft. Lauderdale Fl ☐ 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 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: Julie Curry-Reid 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #