

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90012 042 \*\*\*150.00

**DOCUMENT # P97000060170**

1. Entity Name

MIAMI MUSIC COMPANY



Principal Place of Business

2117 DEKLE  
APT H1  
TAMPA FL 33606  
US

Mailing Address

2117 DEKLE  
APT H1  
TAMPA FL 33606  
US

2. Principal Place of Business

1301 PARILLA DE AVILA

3. Mailing Address

1301 PARILLA DE AVILA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip  
33613

Country  
USA

Zip  
33613

Country  
USA

4. FEI Number

65-0770550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARUIT, RICHARD N-PA  
1313 NE 125TH ST  
N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Ms. Lois Older

Street Address (P.O. Box Number is Not Acceptable)

1301 Parilla de Avila

City

Tampa, FL

FL

Zip Code

33613

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 *Lois R. Older* *Lois R. OLDER*

*March 17, 2004*

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME OLDER, BENJAMIN C ☐ Delete  
STREET ADDRESS 2117 DEKLE AVE APT H1  
CITY-ST-ZIP TAMPA FL 33606

TITLE ST  
NAME OLDER, LOIS R ☐ Delete  
STREET ADDRESS 1301 PARILLA DE AVILA  
CITY-ST-ZIP TAMPA FL 33613

TITLE V.P.  
NAME Older, Jay J. ☐ Delete  
STREET ADDRESS 1301 Parilla de Avila  
CITY-ST-ZIP Tampa, FL 33613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Lois R. Older* *Lois R. OLDER*

*March 17, 2004*

*P13-269-4411*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #