2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 08:00 Al Secretary of State **DOCUMENT # P97000085336** MUM RECORDS, INC. Principal Place of Business Mailing Address 561 RANCH RD. 561 RANCH RD. WESTON, FL 33326 WESTON, FL 33326 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0786386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E. DANIA BEACH BLVD., SUITE 202 **DANIA, FL 33006** IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FERDANI, SOPHIE NAME 561 RANCH ROAD STREET ADDRESS U00000689553 CITY-ST-ZIP WESTON, FL 33326 04/11/07-80040-004 150.bo TITLE MICHELE, BLEUSE NAME STREET ADDRESS 561 RANCH ROAD CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 all address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED