
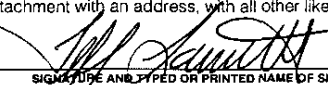


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90365 007 ***158.75

DOCUMENT #P97000095957 1. Entity Name PASTEL MUSIC, INC.																																													
Principal Place of Business 2259 CATBRIAR WAY OVIEDO, FL 32765 US		Mailing Address C/O STUART A DITSKY CPA PC 733 THIRD AVE #1900 NEW YORK, NY 10017 US																																											
2. Principal Place of Business 495 Seminola Blvd Suite, Apt. #, etc. # 3A		3. Mailing Address c/o Stuart A Ditsky CPA, PC Suite, Apt. #, etc. 733 Third Ave # 1900																																											
City & State Oviedo FL		City & State New York NY																																											
Zip 32707 Country USA		Zip 10017 Country USA																																											
4. FEI Number 59-3484481		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent COOK, KYLE 2259 CATBRIAR WAY OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name David Kyle Cook Street Address (P.O. Box Number is Not Acceptable) 5840 Red Bug Lake Rd # 450 City Winter Springs FL Zip Code 32708																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> P COOK, KYLE 2259 CATBRIAR WAY OVIEDO, FL 32765 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, KYLE 2259 CATBRIAR WAY OVIEDO, FL 32765	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> President David Kyle Cook 5840 Red Bug Lake Road # 450 Winter Springs, FL 32708 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Kyle Cook 5840 Red Bug Lake Road # 450 Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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:  Jeff Lamirault, CPA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/13/04 Daytime Phone # 310273 7555																																											