


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000057772</b> 1. Entity Name ADAM RHODES MUSIC, INC.	
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Principal Place of Business 7605 COLLINS AVENUE MIAMI BEACH, FL 33141 US	Mailing Address C/O ZZR, 1100 THIRD STREET SAN RAFAEL, CA 94901 US
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**DO NOT WRITE IN THIS SPACE**



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0909472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PEREZ, RUDY 5101 NORTH BAY ROAD MIAMI BEACH, FL 33140	<b>DO NOT WRITE IN THIS SPACE</b>
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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)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, RUDY 5101 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEREZ, BETSY 5101 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000354290  
05/03/05-80101-011 150.00

**DO NOT WRITE  
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)(f), 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.

<b>SIGNATURE:</b> 	<b>4/27/05</b> Date	Daytime Phone #
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