

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90270 049 \*\*\*150.00

**DOCUMENT # P99000007690**

1. Entity Name

MUSIC MAZE OF TAMPA BAY, INC.



Principal Place of Business

1739 E. HILLSBOROUGH  
TAMPA FL 33610

Mailing Address

14903 PELICAN POINT PLACE  
TAMPA FL 33625



2. Principal Place of Business

3. Mailing Address

1739 E. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip

Country

Zip

Country

33610

4. FEI Number 59-3553965

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, KARL A  
14903 PELICAN POINT PLACE  
TAMPA FL 33625-1501

7. Name and Address of New Registered Agent

Name Tony Payne  
Street Address (P.O. Box Number is Not Acceptable)  
1739 E Hillsborough Ave  
City Tampa FL Zip Code 33610

8. The above named entity admits 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 PSTD  
NAME RICHARDS, KARL A  
STREET ADDRESS 14903 PELICAN POINT PLACE  
CITY-ST-ZIP TAMPA FL 33625 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME TONY PAYNE  
STREET ADDRESS 1739 E Hillsborough Ave  
CITY-ST-ZIP TAMPA FL 33610 ☒ Change ☐ Addition

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

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

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

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

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 exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

813-236-2723

Date

Daytime Phone #