2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018695

TD

RAGAN, CHUCK

WOLLARD, CHRIS

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: 3224 W. UNIVERSITY AVE -#136

() Delete

3324 W. UNIVERSITY AVE - #136

GAINESVILLE, FL 32607

GAINESVILLE, FL 32607

FILED Feb 02, 2009 Secretary of State

Entity Nai	me: HOT WA	TER MUSIC COMPA	MY				
Current Principal Place of Business:				New Principal Place of Business:			
3324 W. U #136	NIVERSITY A	VΕ					
	LLE, FL 3260	7					
Current Mailing Address:				New Mailing Address:			
	NIVERSITY A	VE					
#136 GAINESVI	LLE, FL 3260	7					
FEI Number: 59-3568056 FEI Number Applied For ()			For () FEI Nu	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
710 60TH BRADENT The above	N, DONALD H ST. COURT E ON, FL 34208 named entity of Florida.	3 US	nt for the purpose o	of changing i	ts registered	d office or registered agent,	or both,
SIGNATU	RE:						
	Electron	nic Signature of Regis	stered Agent			Date	
Election Car	npaign Financin	g Trust Fund Contribution	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BLACK, JASON	ERSITY AVE- #136		Title: Name: Address: City-St-Zip:	BLACK, JAS	DD AVENUE N.E. # 4	
Title: Name: Address: City-St-Zip:	REBELO, GEO	ERSITY AVE- #136		Title: Name: Address: City-St-Zip:	REBELO, GE 3314 N.W. 6		
Title:	VD () Delete		Title:	VD	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TD

RAGAN, CHUCK

10995 LOVAS COURT

WOLLARD, CHRIS

GRASS VALLEY, CA 95945

1110 N.W. 42ND AVENUE

GAINESVILLE, FL 32609

(X) Change () Addition

(X) Change () Addition

SIGNATURE: JASON BLACK **PRES** 02/02/2009