2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P99000021704** 04-26-2004 90557 008 ***150.00 1. Entity Name MP3 INTERNATIONAL INC. Principal Place of Business Mailing Address 740 N. OCEAN BLVD. 740 N. OCEAN BLVD. 94065093 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0906973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMOTHE, FERNAND Street Address (P.O. Box Number is Not Acceptable) **721 S.E. 17TH STREET** FORT LAUDERDALE, FL 33316 Zip Code FI 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 title if applicable,: : (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE ☐ Delete TITLE Change . Addition NAME PIASENTE, MARIA NAME STREET ADDRESS 740 N. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP nn F Delete TITLE Change ■ Addition PIASENTE FOLIGNO, MASSIMO NAME NAME 110 OVPRESS CLUB DR #125 740 N. OCEANBAVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL -33060 33062 CATY-ST-ZIP HILE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appear with an address, with all other like empowered. MARIAYI'ASBUTE Maria Piasente

FILED