

ANNUAL REPORT (AR)

DOCUMENT # P99000027034

1. Entity Name

MUSIC PRODUCTION INTERNATIONAL, INC.



Principal Place of Business

880 CEDARCREST CT
SARASOTA FL 34232

Mailing Address

880 CEDARCREST CT
SARASOTA FL 34232

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1804811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLE, MICHAEL J
100 WALLACE AVE., SUITE 380
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
OLIVERA, HECTOR
880 CEDARCREST CT
SARASOTA FL 34232
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U00000621259
02/12/07-80009-022 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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OLIVERA, LIEVE J
880 CEDARCREST CT
SARASOTA FL 34232
☐ Delete

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CITY-STATE-ZIP
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☐ 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 which is other than the one empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIEVE OLIVERA

Date

Daytime Phone #

2-1-07

FILED
Feb 05, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)