

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 004 ***150.00

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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 #

7412 MONTE VERDE

Suite, Apt. #, etc.

3. Mailing Address

7412 MONTE VERDE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

58-1804811

Applied For

Not Applicable

Zip

Country

34238

Zip

Country

34238

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 D ☐ Delete
NAME OLIVERA, HECTOR
STREET ADDRESS 880 CEDARCREST CT
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7412 MONTE VERDE
CITY-ST-ZIP SARASOTA FL 34238

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

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 and signature of the person empowered.

SIGNATURE:

LIEVE OLIVERA

3-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #