

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000063431<br>1. Entity Name<br>BRAVO MUSIC, INC. |  |
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|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>1500 SE 3 COURT<br>DEERFIELD BEACH, FL 33441 | Mailing Address<br>1500 SE 3 COURT<br>DEERFIELD BEACH, FL 33441 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|



03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0934151 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                     |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>EGNER, THEODORE K<br>3607 EAST COMMERCIAL BLVD.<br>FORT LAUDERDALE, FL 33308 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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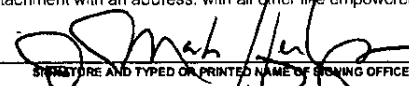
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                |                                                                                                                           |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007, Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

|                                                |                                                                                         |                                                                                                |
|------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                         | <p>U00000730616<br/>05/08/07-80087-019 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MURAKAMI, KEN<br>2-3-16 KANNON-SHIAMACHI NISHI-KU<br>HIROSHIMA 733-0036 JAPAN,    |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MURAKAMI, YURIKO<br>2-3-16 KANNON-SHIAMACHI NISHI-KU<br>HIROSHIMA 733-0036 JAPAN, |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUMPHREYS, MARK<br>1500 SE 3RD CT STE 152<br>DEERFIELD BEACH, FL 33441             |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         |                                                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date: 4/17/07 Daytime Phone #: 954-571-8427