## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000063776

Entity Name: DAKOTA MUSIC, INC.

Address: City-St-Zip:

ORLANDO, FL 32814

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3923 HAWS LANE ORLANDO, FL 32814 **Current Mailing Address: New Mailing Address:** 3923 HAWS LANE ORLANDO, FL 32814 FEI Number: 59-3587715 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, DAVID 3923 HAWS LANE ORLANDO, FL 32814 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TAYLOR, DAVID Name: Name: 3923 HAWS LANE Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TAYLOR, KATHY Name: 3923 HAWS LANE Address: Address: ORLANDO, FL 32814 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MCPHERSON, CHRIS Name: Name: 3923 HAWS LANE Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: () Delete Title: () Change () Addition WALL, KYLE Name: Name: Address: 3923 HAWS LANE Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TAYLOR, SARAH Name: 3923 HAWS LANE Address:

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.

City-St-Zip:

SIGNATURE:	DAVID TAYLOR	PD	04/30/2008