



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P99000107071 1. Entity Name TEMPO MUSIC PRESS, INC. |  |
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| Principal Place of Business 2525 DAVIE RD.,STE.360 FT. LAUDERDALE, FL 33317 | Mailing Address 2525 DAVIE RD.,STE.360 FT. LAUDERDALE, FL 33317 |
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0967406 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HACKINSON, FRANK J 2525 DAVIE RD.,STE.360 FT. LAUDERDALE, FL 33317 | DO NOT WRITE IN THIS SPACE |
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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.

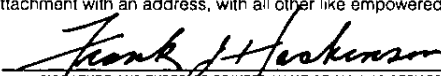
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000669294 03/27/07-80063-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HACKINSON, FRANK J 2525 DAVIE RD.,STE.360 FT. LAUDERDALE, FL 33317 |
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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 _____ Daytime Phone # _____