2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 08:00 AM DOCUMENT # \$47829 1. Entity Name **Secretary of State** TLN MUSIC, INC. Principal Place of Business Mailing Address 2181 SW 38TH AVENUE FT. LAUDERDALE FL 33312 2181 SW 38 AVE FT LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0256885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo NEHLS, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 2181 S.W. 38TH AVENUE FT LAUDERDALE FL 33312 City 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. U000000674324 SIGNATURE Sgnakure, typed or printed name of registered again and title it applicable '29,'07-800S6_{A1}902-150:00 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE THLE Delete NEHLS, THOMAS L. NAM NAMI 2181 SW 38TH AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete HITLE ШL NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Change Addition Delete ш TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-7IP Change Addition Delete ШШ BHE NAME NAME. STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-7IP

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indicated on this report or supptemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustoe 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:

Thomas New 3/08/07 954.791.8994

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information