PENSACOLA,	FL 32591			
Current Mai	ling Address:			
BOX 608 PENSACOL/	A, FL 32591 US			
FEI Number: 59-2870713			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
PORRAS, JOHN BOX 608 PENSACOLA, F				
BOX 608 PENSACOLA, F		stered office or regis	tered agent, or both, in the State of	Florida.
BOX 608 PENSACOLA, F The above named	FL 32591 US	stered office or regis	tered agent, or both, in the State of	Florida. 03/17/2024
BOX 608 PENSACOLA, F The above named	EL 32591 US I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of	
BOX 608 PENSACOLA, F The above named	<ul> <li>EL 32591 US</li> <li>I entity submits this statement for the purpose of changing its regis</li> <li>E: JOHNNY N. PORRAS</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both, in the State of	03/17/2024
BOX 608 PENSACOLA, F The above named SIGNATURE	<ul> <li>EL 32591 US</li> <li>I entity submits this statement for the purpose of changing its regis</li> <li>E: JOHNNY N. PORRAS</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both, in the State of	03/17/2024
BOX 608 PENSACOLA, F The above named SIGNATURE Officer/Direc	EL 32591 US d entity submits this statement for the purpose of changing its regis E: JOHNNY N. PORRAS Electronic Signature of Registered Agent Ctor Detail :			03/17/2024
BOX 608 PENSACOLA, F The above named SIGNATURE Officer/Direct Title	FL 32591 US         It entity submits this statement for the purpose of changing its regis         E:       JOHNNY N. PORRAS         Electronic Signature of Registered Agent         Ctor Detail :         PSD	Title	VTD	03/17/2024

I hereby 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 all other like empowered.

PRES

SIGNATURE: JOHNNY NILO PORRAS

Electronic Signature of Signing Officer/Director Detail

03/17/2024

Date

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67020

Entity Name: REYNALDS MUSIC, INC.

## **Current Principal Place of Business:**

BOX 608