


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 027 ***158.75

DOCUMENT # P97000095954			
1. Entity Name BASS BOY MUSIC, INC.			
Principal Place of Business 2616 BAYVIEW DRIVE FORT LAUDERDALE, FL 33306		Mailing Address 9000 SUNSET BLVD. SUITE 1500 LOS ANGELES, CA 90069 US	
2. Principal Place of Business 9000 Sunset Blvd Suite, Apt. #, etc. # 1500		3. Mailing Address 9000 Sunset Blvd Suite, Apt. #, etc. # 1500	
City & State W. Hollywood CA Zip 90069 Country USA		City & State W. Hollywood CA Zip 90069 Country USA	
6. Name and Address of Current Registered Agent YALE, BRIAN 2616 BAYVIEW DRIVE FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name B. Yale Street Address (P.O. Box Number is Not Acceptable) 2616 Bayview City Ft. Lauderdale FL Zip Code 33306	
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 <i>B. Yale</i> DATE 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YALE, BRIAN 2616 BAYVIEW DR FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President B. Yale 9000 Sunset Blvd #1500 W. Hollywood CA 90069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jeff Lamivault</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/13/04 Daytime Phone # 310-273-7555	

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04132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3484495 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required