

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90013 049 \*\*\*150.00

**DOCUMENT # P99000078617**

1. Entity Name  
**BAYVIEW RECORDING COMPANY**



Principal Place of Business      Mailing Address

~~950 N. KINGS RD  
#140  
WEST HOLLYWOOD CA 90069~~      ~~950 N. KINGS RD  
#140  
WEST HOLLYWOOD CA 90069~~

**54022752**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**24 SEVENTEENTH AVE.**      **24 SEVENTEENTH AVE.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#209**      **#209**

City & State      City & State

**VENICE, CA**      **VENICE, CA**

4. FEI Number      Applied For

**65-0954538**      Not Applicable

Zip      Country      Zip      Country

**90291**      **USA**      **90291**      **USA**

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

    

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHMAN, ALAN**  
**300 W 41 STREET**  
**SUITE #204**  
**MIAMI FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

    

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Delete

NAME      **D**

STREET ADDRESS      **PINNE, PETER**

CITY-ST-ZIP      **950 N. KINGS RD, #140**  
**WEST HOLLYWOOD CA 90069**

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

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CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:**  **PETER PINNE**      **3-24-04**      **310-314-6462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #