



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>3510</u>		2. Name of Corporation <u>FANTASY SOUNDS UNCTD INC.</u>			
3. Street Address Principal Business Office <u>263 ATWOOD AVE</u>		City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
4. Business Phone No. <u>401 944 8000</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Professional Mobile Disc Jockey Services</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>DAVID NADEAU</u>			Vice President Name <u>LOUIS NADEAU JR</u>		
Street Address <u>263 ATWOOD</u>			Street Address <u>110 NANTIC AVE</u>		
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>DAVID NADEAU</u>			Treasurer Name <u>DAVID NADEAU</u>		
Street Address <u>263 ATWOOD AVE</u>			Street Address <u>263 ATWOOD AVE</u>		
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02921</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>100</u>	<u>O</u>	<u>0</u>	<u>100</u>	<u>O</u>	<u>0</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date MAR 30 2009
Check No. 3098
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [Signature] Date 3/30/09
Print or Type Name DAVID NADEAU
Title President