

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004696 (9)
1. Corporation Name
DROP SCIENCE MUSIC PUBLISHING, INC.



Principal Place of Business Mailing Address
1221 W. COLONIAL DR., STE 300 ORLANDO FL 32804
1221 W. COLONIAL DR., STE 300 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 7421 High Lake Dr Suite, Apt. #, etc. 26 PO Box 547036
22 City & State 27 ORLANDO, FL
23 ORLANDO, FL 28 ORLANDO, FL
24 32854 25 ORANGE 29 32854 30 ORANGE

3. Date Incorporated or Qualified 09/26/1995
4. FEI Number 59-3273000 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BELL, LOUIS M JR.
1221 W. COLONIAL DR., STE 300
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7421 High Lake Dr
83
84 City ORLANDO FL 85 Zip Code 32818

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BELL, LOUIS	
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/>
NAME	DUFUE, BARRY	
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	ST	<input type="checkbox"/>
NAME	BELL, JAMILLA	
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	7421 High Lake Dr		
1.3 STREET ADDRESS	PO Box 547036		
1.4 CITY-ST-ZIP	ORLANDO, FL 32818		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	7421 High Lake Dr		
2.3 STREET ADDRESS	PO Box 547036		
2.4 CITY-ST-ZIP	ORLANDO, FL 32818		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	7421 High Lake Dr		
3.3 STREET ADDRESS	PO Box 547036		
3.4 CITY-ST-ZIP	ORLANDO, FL 32818		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	500002551355		
5.3 STREET ADDRESS	--06/08/98--01088--011		
5.4 CITY-ST-ZIP	***150.00		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____ DATE: 06/08/98

CFR2034 (10/97)