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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N37503** **(2)**

1. Corporation Name
HIS MUSIC, INC.

Principal Place of Business	Mailing Address
PO BOX 266 RONCEVERTE WV 24970 US	PO BOX 266 RONCEVERTE WV 24970 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1990
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0234015 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEVENS, CHRISTIE LOUDERBACK
1896 DISCOVERY WAY
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name: Christie Stevens
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	STEVENS, CHRISTIE L.	12 NAME	Sean Stevens
STREET ADDRESS	1896 DISCOVERY WAY	13 STREET ADDRESS	Rt. 2 - Box 122
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	Ronceverte WV 24970
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, JAMES	22 NAME	
STREET ADDRESS	4066 WOODLAND STREAMS DR	23 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD IN	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, DENNIS	32 NAME	
STREET ADDRESS	2511 DEEP WELL COURT	33 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, STEVE	42 NAME	
STREET ADDRESS	28 VALLEY WAY PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD IN	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christie L. Stevens Christie L. Stevens 4/23/95 304-647-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073478