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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 29 PM 8:23

DOCUMENT # **N42601** **(7)**

1. Corporation Name
MUSIC ORLANDO, INC.

Principal Place of Business	Mailing Address
1111 N. ORANGE AVE. ORLANDO FL 32804 US	C/O SUELLEN FAGIN 1016 DELANEY PARK DRIVE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1991
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-3058884 ☐ 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

FAGIN, SUELLEN
1016 DELANEY PARK DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	FAGIN, SUELLEN D	12 NAME		
STREET ADDRESS	1016 DELANEY PK DR	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MCINTYRE, LISA A	22 NAME		
STREET ADDRESS	[illegible]	23 STREET ADDRESS	4611 Cason Cove Drive	
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	Orlando, FL	
TITLE	STD	31 TITLE	D	☐ Change ☒ Addition
NAME	CURRAN, SUSAN	32 NAME	Vicki Myers	
STREET ADDRESS	2338 C S CONWAY RD	33 STREET ADDRESS	540 Fisher Rd.	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	42 NAME	Lyman Brodie	
STREET ADDRESS	1356 WOODBRIDGE AVE	43 STREET ADDRESS	2993 Cedar Glen Place	
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	Oviedo, FL	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	52 NAME	Peter A. Bramberg	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	110 Springside Ct.	
CITY-ST-ZIP	[illegible]	54 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	VAN BRUNT, LAURIE	62 NAME		
STREET ADDRESS	5239 STONE HARBOUR RD	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	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: Suellen D Fagin — May 19, 1995 — (407) 645-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031784