

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N42601 (7)
1. Corporation Name
MUSIC ORLANDO, INC.



Principal Place of Business
ARTSMALL
500 N. ORLANDO AVENUE
WINTER PARK FL 32789
US

Mailing Address
C/O SUELLEN FAGIN
1016 DELANEY PARK DRIVE
ORLANDO FL 32806

3. Date Incorporated or Qualified
03/18/1991

4. FEI Number
59-3058884

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 812 E. Rollins ST
Suite, Apt. #, etc.
22 City & State
23 Orlando, FL
Zip
24 32803
Country
25

2a. Mailing Address
26 P.O. Box 540203
Suite, Apt. #, etc.
27 City & State
28 Orlando, FL
Zip
29 32834-0203
Country
30

FAGIN, SUELLEN
1016 DELANEY PARK DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent
81 Name
SUSAN K. BRIGHT
82 Street Address (P.O. Box Number is Not Acceptable)
528 Park N. Ct.
83 Winter Park, FL.
84 City
FL 85 Zip Code
32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE
Susan K. Bright

4/28/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	FAGIN, SUELLEN D	1.2 NAME	John Blackburn
STREET ADDRESS	1016 DELANEY PK DR	1.3 STREET ADDRESS	P.O. 940905 N/A
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Maitland, FL 32794-0905
TITLE	VP	2.1 TITLE	
NAME	BRIGHT, SUSAN	2.2 NAME	
STREET ADDRESS	528 PARK NORTH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	SD
NAME	CURRAN, SUSAN	3.2 NAME	
STREET ADDRESS	2338 C S CONWAY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	BRODIE, LYMAN	4.2 NAME	Brodie, Lyman
STREET ADDRESS	2993 CEDAR GLEN PL	4.3 STREET ADDRESS	2993 Cedar Glen Pl
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	OVIEDO, FL
TITLE	D	5.1 TITLE	
NAME	BROOKS, KIMBERLY	5.2 NAME	
STREET ADDRESS	919 N. ORANGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	VAN BRUNT, LAURIE	6.2 NAME	Van Brunt, Laurie
STREET ADDRESS	5239 STONE HARBOUR RD	6.3 STREET ADDRESS	508 Selkirk Dr
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Winter Park, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan K. Bright

2/2/98

407-678-1214

CR2E037 (10/97)