

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:25

DOCUMENT # P17946 (5)  
1. Corporation Name  
SOCIETY OF PROFESSIONAL AUDIO RECORDING SERVICES, INC.

Principal Place of Business Mailing Address  
4300 10TH AVE. N. LAKE WORTH FL 33461-2313  
4300 10TH AVE. N. LAKE WORTH FL 33461-2313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1988 3a. Date of Last Report 03/30/1994  
4. FEI Number 23-2321746 Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent  
KAYE, SHIRLEY P  
4300 10TH AVE. N.  
LAKE WORTH FL 33461

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 purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, LEE
STREET ADDRESS	122 W 88TH ST
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	FRY, JOHN
STREET ADDRESS	2000 MADISON AVE
CITY-ST-ZIP	MEMPHIS TN 38111
TITLE	C
NAME	COOK, DWIGHT
STREET ADDRESS	4801 WOODWAY
CITY-ST-ZIP	HOUSTON TX
TITLE	SD
NAME	CHRISTENSEN, PAUL
STREET ADDRESS	7027 TWIN HILLS #5
CITY-ST-ZIP	DALLAS TX 75231
TITLE	P
NAME	SCHWARTZ, HOWARD
STREET ADDRESS	420 LEXINGTON AVE., #1904
CITY-ST-ZIP	NEW YORK NY
TITLE	TD
NAME	LAWSON, STEVE
STREET ADDRESS	2212 4TH AVE
CITY-ST-ZIP	SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. TOM KOBAYASHI
3.3 STREET ADDRESS	ONE UNION ST.
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94111
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHAIRMAN OF BOARD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRES. JT
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims no equity for the exemption stated in Section 119.07(3)(b), 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 or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ STEVEN J. LAWSON 2-6-94 206-443-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Date) (Original Phone #)