

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business: 21 4300 10th Ave N, 22 Suite, Apt. #, etc.: SUITE 2, 23 City & State: LAKE WORTH, FL, 24 Zip: 33461-2313, 25 Country: USA
2a. Mailing Address: 26 4300 10th Ave. N, 27 Suite, Apt. #, etc.: SUITE 2, 28 City & State: LAKE WORTH, FL, 29 Zip: 33461-2313, 30 Country: USA

4. FEI Number: 23-2321746
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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, 85 Zip Code: FL

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: Shirley P. Kaye, SHIRLEY P. KAYE, DATE: 2/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	MURPHY, LEE 122 W 88TH ST NEW YORK NY	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE: D	FRY, JOHN 2000 MADISON AVE MEMPHIS TN 38111	2.1 TITLE	PRES. JOHN FRY, 2000 MADISON AVE, MEMPHIS, TN 38111
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE: D	KOBAYASHI, TOM ONE UNION ST SAN FRANCISCO CA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE: SD	CHRISTENSEN, PAUL 7027 TWIN HILLS #5 DALLAS TX 75231	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE: CB	SCHWARTZ, HOWARD 420 LEXINGTON AVE., #1984 NEW YORK NY	5.1 TITLE	TD GARY LADINSKY, PO BOX 491087, LOS ANGELES, CA 90049
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE: PT	LAWSON, STEVE 2212 4TH AVE SEATTLE WA	6.1 TITLE	CB LAWSON, STEVE, 2212 4th Ave, SEATTLE, WA 98121
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: [Signature], PRES, DATE: 2/2/96, DAYTIME PHONE: 407 641 6648

CR2E037 (12/95)