FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 1

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1997 8:00am

Secretary of State

3-6-97
Dale Daytme Phone # 0043561

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P17946

(5)

Mailing Address

SOCIETY OF PROFESSIONAL AUDIO RECORDING SERVICES . INC.

4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US		4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US					
				3. Date Incorporated or Qualified 02/09/1988	3a. Date of Last Report 02/09/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-2321746	Applied For Not Applicable		
21 Suite. Apt. #. etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip 39	າ			8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes No	
24	25 29 30 9. Name and Address of Current Registered Agent		<u>اب</u>		10. Name and Address of New Registered Agent		
			81	Name			
KAYE, SHIRLEY P			82	82 Street Address (P.O. Box Number is Not Acceptable)			
4300 101				acress (F.O. Dox Nulliber is Not Acceptable			
LAKE WO	ORTH FL 33461		83				
			84	City		85 Zip Code	
11 Discussion	to the province of Sections 617.060	22 and 617 1609 Florida Statutos	the abou	o pomod o	ornaration submits this statement for the p	FL D 2.5 occ	
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 agont, 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 Square typed to period harm of tegrsteed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.	or K significant	ADDITIONS/CHANGES TO OFFIC		
Tille	D	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	MURPHY, LEE		1.2 NAME	F			
STREET ADDRESS	122 W 88TH ST		1 3 STREET	ADDRESS			
CITY - ST - ZIF			1.4 CITY+5	ST-ZIP			
THTLE	P	☐ DELETE	2.1 TITLE	ŀ		Change Addition	
NAMŁ	FRY, JOHN		2.2 NAME				
STREET ADDRESS	2000 MADISON AVE			ADDRESS			
CITY ST-ZIF	MEMPHIS TN D	DELETE	2. 4 CITY - 3.1 TITLE	ST- ZIP		Change Addition	
NAME	KOBAYASHI, TOM	Doctor	3.2 NAME			onungo passion	
STREET ADDRESS	AND ARRION AT		3.3 STREET	ADDRESS			
CITY - ST - ZIP	0.11 -0.1101000 04		3.4. CITY-				
TITLE	SD	DELETE	4.1 TITLE	***		Change Addition	
NAME	CHRISTENSEN, PAUL		4. 2 NAME	ĺ			
STREET ADDRESS	7027 TWIN HILLS #5		4.3 STREET	ADDRESS			
C(TY - ST - 7)P	DALLAS TX 75231		4.4 CITY - 5	ST-ZIP			
THE	CB	DELETE 51TI		- T		Change Addition	
NAME	SCHWARTZ, HOWARD		5.2 NAME				
STREET ADDRESS	420 LEXINGTON AVE., #1984		5.3 STREET	ADORESS			
CITY - ST - ZIP	NEW YORK NY	T DELETE	54 CITY S	ST-ZIP		Cha Zaave	
TITLE	CD	☐ DELETE	61 TITLE			Change Addition	
NAME	LAWSON, STEVE		62 NAME				
STREET ADDRESS	2212 4TH AVE			ADDRESS	. •		
CITY-ST-ZIP	SEATTLE WA	d with this filing does not qualify	6.4 City-5	ST-ZIP	ted in Section 14 9017 GIGH Cratito	s. I further certify that the	
6.4CITY-ST-ZIP SEATILE WA 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.1. It is statutes. I further certify that the information indicated on this annual report is true and accurate and that my the large for the legal effect as if made under oath; that I am an officer or director of the conformation or the receiver or true elempowered to execute this report as recorded by Qualify the department of the proposed of the conformation of the receiver or true elempowered to execute this report as recorded by Qualify the conformation or the receiver or true elempowered to execute this report as recorded by Qualify the conformation of the receiver or true elempowered to execute this report as recorded by Qualify the property of the proposed of the property of th							

OF SIGNING OFFICER OR DIRECTOR