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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US
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3. Date Incorporated or Qualified 02/09/1988
3a. Date of Last Report 02/09/1996

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

4. FEI Number 23-2321746 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
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like MURPHY, LEE; FRY, JOHN; KOBAYASHI, TOM; CHRISTENSEN, PAUL; SCHWARTZ, HOWARD; LAWSON, STEVE.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my name has 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 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ DATE: 3-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043581

CR2E037 (9/96)