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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17946

1. Corporation Name
SOCIETY OF PROFESSIONAL AUDIO RECORDING SERVICES, INC.

Principal Place of Business 4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US	Mailing Address 4300 10TH AVENUE NORTH SUITE 2 LAKE WORTH FL 33461-2313 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 02/09/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-2321746
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, LEE	
STREET ADDRESS	7122 W 88 ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, IAN	
STREET ADDRESS	130 E 93RD ST #3E	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	KOBAYASHI, TOM	
STREET ADDRESS	ONE UNION ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, PAUL	
STREET ADDRESS	7027 TWIN HILLS #5	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TARSIA, MICHAEL	
STREET ADDRESS	212 N 12 ST	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LADINSKY, GARY	
STREET ADDRESS	3753 ROBERTSON BLVD	
CITY-ST-ZIP	CULVER CITY CA 90232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTENSON, PAUL	
1.3 STREET ADDRESS	6340 LANGE CR.	
1.4 CITY-ST-ZIP	DALLAS, TEXAS 75214	
2.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THRAIL, ZOE	
2.3 STREET ADDRESS	444 W 53 ST.	
2.4 CITY-ST-ZIP	NYC 10019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIS, STEVE	
4.3 STREET ADDRESS	535 PLASMOUR DR.	
4.4 CITY-ST-ZIP	ATLANTA, GA 30324	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AMMAN, DAVID	
6.3 STREET ADDRESS	322 W 45 ST.	
6.4 CITY-ST-ZIP	NY, NY 10036	

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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)