

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PM 3: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P26332** (7)  
1. Corporation Name  
**RAYMOND WEISS ARTIST MANAGEMENT, INC.**

Principal Place of Business 300 WEST 55TH STREET SUITE 5L NEW YORK NY 10019-5138	Mailing Address 300 WEST 55TH STREET SUITE 5L NEW YORK NY 10019-5138
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/03/1989</b>	3a. Date of Last Report <b>04/19/1994</b>
4. FEI Number <b>13-2786100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WEISS, RAYMOND  
2932 SEIDENBERG AVENUE  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.001 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 appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.001, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, type and print name of registered agent on file if applicable.

DATE **3/17/95**  
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>WEISS, RAYMOND</b>
STREET ADDRESS	<b>300 WEST 55 STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b>
NAME	<b>WEISS, RAYMOND</b>
STREET ADDRESS	<b>300 WEST 55 STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b>
NAME	<b>DIMMERMAN, JEFFRY</b>
STREET ADDRESS	<b>300 WEST 55 STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 type="checkbox"/> Addition
6.2 NAME	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/17/95** **305-296-5973**  
Office Phone #