FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000017631 (9)**

1. Corporation Name
MEREOLI MUSIC PRODUCTION PUBLISHING, INC.

Principal Place of Business
9300 N.W. 8TH CIRCLE
PLANTATION FL 33324

Mailing Address
9300 N.W. 8TH CIRCLE
PLANTATION FL 33324

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 10001 NW 50 Street
Suite, Apt. #, etc
22 Suite 102 A
City & State
23 Sunrise, Florida
Zip 24 33351 Country 25 Broward

2a. Mailing Address
26 10001 NW 50 Street
Suite, Apt. #, etc
27 Suite 102 A
City & State
28 Sunrise, Florida
Zip 29 33351 Country 30 Broward

4. FEI Number 65-0563584 ☐ 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
AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Daniel G. Gass
82 Street Address (P.O. Box Number is Not Acceptable): 10001 NW 50th St.
83 Suite 204
84 City: Sunrise FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and the capacity in which (NOTE: Registered Agent signature must be dated after receiving appointment) 3/7/96 Date

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	OLIVER, DWIGHT A
STREET ADDRESS	9300 N.W. 8TH CIRCLE
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	Vice President ☐ DELETE
NAME	Ronald Meredith
STREET ADDRESS	2224 NW 58 Avenue
CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	Secretary & Treasurer ☐ DELETE
NAME	Diana Oliver
STREET ADDRESS	9300 NW 8 Circle
CITY-ST-ZIP	Plantation, FL 33324
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/96 Date 954-475-8726 Daytime Phone #

CR2E034 (12/95)