## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000011181

BROWN SOUND RECORDS, INC.

Principal Place of Business Mailing Address			I (SENISSI LIG IGNE EINI SENI SENI SENI SENI SENI NESI NISEL	
7802 WITCHITA WAY 7802 WITCHITA WAY TAMPA FL 33619				
THAT I C SOOTS				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				02/01/1996
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-3369538</b> Not Applicable
1 <sup></sup> 1		Suite, Apt, #, etc		_ \$8.75 Additional
		27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing S5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Žip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 30	0	Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			B1 Nam	e
SEDA, JOHN M			82 Stree	et Address (P.O. Box Number is Not Acceptable)
7802 WITCHITA WAY				
TAMPA FL 33619			83	
			84 City	FL 85 Zip Code
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 bight, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
SIGNATURE Sollier				
Signature, typed or printed name or registered agent situlture ii approache (IVO) E. registered registre signature required wheth removement)				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	
NAME	seda, John M		1.2 NAME	
STREET ADDRESS	7802 WITCHITA WAY		13 STREET ADDRES	SS
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, WELLY		2.2 NAME	
STREET ADDRESS	7802 WITCHITA WAY		2.3 STREET ADDRES	ss
CITY-ST-ZIP	TAMPA FL 33619		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	es
CITY-ST-ZIP			3.4. CITY-ST-ZIP	

CITY-ST-ZIP 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 607, 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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DELETE

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**FILED** 

May 08, 1999 8:00 am Secretary of State

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