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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034515

1, Corporation Name

ALLA SC	ON MUSIC, INC.									
Principal Place	e of Business	Mailing Address					T (BOMOOT) IN THIS BILL OF	ENY MANYA MANYA MANYA	i i 11111 di di 100 di 1110 i	HANDA DARI INDA
20401 N.W. 2NE		20401 N.W. 2ND AVENUE								
#300 H.W. 2NL	D AVENUE	#300								
MIAMI FL 33169 MIAMI FL 33169							DO NOT V	WRITE IN TH	IS SPACE	
						•	Incorporated or Qual	ifed ,		
					ĺ	04/	19/1996			
2, Principal Pl	tace of Business	2a. Mailing Address				4. FEI	Number	,	Ap	plied For
21		26				.65⊣	0656681		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certi	ifcate of Status Desire	d 🗆	\$8.75 A	
City & State	ha	City & State				e Flec	tion Campaign Financ	ina	\$5.00	May Be
23		28				:	t Fund Contribution	9 🔲	Added t	•
Zip	Country	Zip	Country	у		8 This	corporation owes the	current vear I	ntangible	
24	25	29	30				onal Property Tax.	•	☐ Yes	□No
24	g. Name and Address of Current					10, Nam	ne and Address of Ne	w Registere	d Agent	
			81	Name			-			
HIBB	Bert, Frederick		<u> </u>	N Chroat	A dd	- (D O B	lay Number is Alat Ass	ontoblo\	·	
2040)1 N.W,. 2ND AVENUE		82	Street	Address	s (P.O. b	lox Number is Not Acc	eptable)	•	
#300	0		83	3						
MIAN	MI FL 33169								 -	
			84	City				F	85 Zip (Code
a a Decree of	to the provisions of Sections 607 0500	2 and 607 1509 Elarida Statutos			COTTO		mits this statement for		or chanding its	registered
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized by da Statutes	the corposit	oration	s board C	or directors. Thereby a	ccept the app	ointment as re	gistered
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90018 015 ***150.00