

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000005840 (8)
1. Corporation Name
PARADISE PRODUCTIONS OF SARASOTA, INC.



Principal Place of Business 111 WHISPERING OAKS COURT SARASOTA FL 34232	Mailing Address 111 WHISPERING OAKS COURT SARASOTA FL 34232
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 D/B/A JAMMS MUSIC	2a. Mailing Address 26 1936 S. TAMiami TRAIL
Suite, Apt. #, etc. 22 1936 S. TAMiami TRAIL	Suite, Apt. #, etc. 27
City & State 23 VENICE, FL	City & State 28 VENICE, FL
Zip 24 34293	Country 25 USA
Country 29 34293	Country 30 USA

3. Date Incorporated or Qualified 01/21/1997	Applied For Not Applicable
4. FEI Number 65-0728814	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORAN, JOHN A ESQ
1819 MAIN STREET
SUITE 700
SARASOTA FL 34236**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELONI, VALERIE	
STREET ADDRESS	111 WHISPERING OAKS COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELONI, VALERIE	
1.3 STREET ADDRESS	140 ABALONE ROAD	
1.4 CITY-ST-ZIP	VENICE, FL 34293	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHNSON, JASON	
2.3 STREET ADDRESS	1121 FALCON ROAD	
2.4 CITY-ST-ZIP	VENICE, FL 34293	
3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, DALENE	
3.3 STREET ADDRESS	1121 FALCON ROAD	
3.4 CITY-ST-ZIP	VENICE, FL 34293	
4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MELONI, JULIAN	
4.3 STREET ADDRESS	140 ABALONE ROAD	
4.4 CITY-ST-ZIP	VENICE, FL 34293	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GRAHAM, DALE	
5.3 STREET ADDRESS	5880 TYLER ROAD	
5.4 CITY-ST-ZIP	VENICE, FL 34293	
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 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.

SIGNATURE: *Valerie Meloni* VALERIE MELONI 3/24/98 (941) 497-2033

CR2E034 (10/97)