


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90064 035 ***150.00

0480917

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000005840

1. Corporation Name
PARADISE PRODUCTIONS OF SARASOTA, INC.



Principal Place of Business DBA JAMMS MUSIC 1936 S TAMiami TR VENICE FL 34293 US	Mailing Address 1936 S TAMiami TR VENICE FL 34293 US
--	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/21/1997	
4. FEI Number 65-0728814	Applied For <input type="checkbox"/> Not Applicable
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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Steven W. MacCris, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **609 South Tamiami Trail**
 83
 84 City **Venice** FL 85 Zip Code **34285**

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]* **Alb. 4, 1999**

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MELONI, VALERIE	
STREET ADDRESS	111 WHISPERING OAKS COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, JASON	
STREET ADDRESS	1121 FALCON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, DARLENE	
STREET ADDRESS	1121 FALCON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MELONI, JULIAN	
STREET ADDRESS	140 ABALONE RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRAHAM, DAVE	
STREET ADDRESS	5880 TYLER RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> DELETE
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	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Darlene Johnson
3.3 STREET ADDRESS	1121 Falcon Rd.
3.4 CITY-ST-ZIP	Venice, FL 34293
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dale Graham
5.3 STREET ADDRESS	5880 Tyler Rd.
5.4 CITY-ST-ZIP	Venice, FL 34293
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary Ladonna Graham
6.3 STREET ADDRESS	5880 Tyler Rd.
6.4 CITY-ST-ZIP	Venice, FL 34293

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.

SIGNATURE: *[Signature]* **President** **2-4-99 (941) 497-2033**

CR2E034 (11/98)