

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P97000102447 (4)
 1. Corporation Name
MUSICOM, INC.



Principal Place of Business
**635 NW 12TH ROAD
 BOCA RATON FL 33486**

Mailing Address
**635 NW 12TH ROAD
 BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
12/04/1997

4. FEI Number
see attached 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BECHERER, DANIEL JOSEPH
 635 NW 12TH ROAD
 BOCA RATON FL 33486**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	DANIEL JOSEPH BECHERER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	635 NW 12th ROAD BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002541986
STREET ADDRESS		6.3 STREET ADDRESS	-08/01/98--01040--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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

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.

CR2E034 (10/97)

SIGNATURE *Daniel Joseph Becherer* **4.24.98 (FL) 296 FAIM**

Internal Revenue Service
Atlanta Service Center

Department of the Treasury

Date: February 6, 1998

Telephone Number: (770) 455-2360

Name and Current Mailing Address

Musicon, Inc.
235 NW 12th Rd
Boca Raton, FL 33486

FAX (770) 455-2660

0716927578

Phone Number	Best Time to Call	Person to Contact
Work ()		
Home ()		

Dear Taxpayer:

We are sorry, but we can't process your application for an employer identification number (Form SS-4), because more information is needed. We are returning the form to you so you can take the necessary action and send it back to us for processing. Please provide the information indicated for the box(es) checked below.

- 1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, vice president, or other principal officer.
 - B. Partnership - One of the partners
 - C. Trust - Trustee/grantor (if grantor is deceased, need SSN of Trustee as well.)
 - D. Estate - Personal Representative, exec., or admin. (In addition to decedent on line 8a)
 - E. Non-Resident Alien - Copy of passport, VISA, birth cert., drivers license, or other state identification.
 - F. Canadian Citizen - Copy of social security card, birth certificate, passport, drivers license, or other state ID.
 - G. Other - Owner, sole proprietor, or trustor of trust.
 - H. Copy of social security card (Note: The name indicated does not match the SSN on our records.)
- 2. Location Address of Business on line 5a and 5b of Form SS-4 (actual physical location of building).
- 3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date incorporated with state
 - B. Partnership - Date partnership agreement went into effect
 - C. Trust - Date trust was created
 - D. Estate - Date of death of the decedent
 - E. Other - Date business or organization started
- 4. Fiscal Year Month on line 11 of Form SS-4.
- 5. Principal Activity of Business on line 14 of Form SS-4.
- 6. Telephone Number of Business (below line 17c of Form SS-4).
- 7. Signature
 - A. Corporation - President, vice president, corporate secretary, or treasurer
 - B. Partnership - One of the partners
 - C. Trust or Estate - Personal representative, executor, or any third party representing the trust or estate
 - D. Other - Any third party signing the Form SS-4 must attach Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization
- 8. Our records indicate the name of your corporation has already been established. We will need a copy of your articles of incorporation from the state.

(over)

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0043

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) MUSICAL, INC.		2 Trade name of business (if different from name on line 1) _____		3 Executor, trustee, "care of" name _____	
4a Mailing address (street address) (room, apt., or suite no.) 635 NW 13th Rd		4b Business address (if different from address on lines 4a and 4b) _____			
4c City, state, and ZIP code Boca Raton 33406		4d City, state, and ZIP code _____			
5 County and state where principal business is located Palm Beach County, FL					
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 397-462-077					
8a Type of entity (Check only one box.) (See instructions.)					
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Plan administrator-SSN	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Other corporation (specify) ▶ _____	
<input type="checkbox"/> REMIC		<input type="checkbox"/> Limited liability co.		<input type="checkbox"/> Trust	
<input type="checkbox"/> State/local government		<input type="checkbox"/> National Guard		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> Federal Government/military		<input type="checkbox"/> Church or church-controlled organization	
<input type="checkbox"/> Other (specify) ▶ _____		(enter GEN if applicable)			
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		State		Foreign country	
9 Reason for applying (Check only one box.)					
<input type="checkbox"/> Started new business (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify) ▶ _____		<input type="checkbox"/> Changed type of organization (specify) ▶ _____	
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify) ▶ _____	
<input checked="" type="checkbox"/> Created a pension plan (specify type) ▶ _____		<input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) 12/4/97		11 Closing month of accounting year (See instructions.) December			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____		13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)			
14 Principal activity (See instructions.) ▶ COMMUNICATIONS		Nonagricultural <input type="radio"/>		Agricultural <input type="radio"/>	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ _____		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____		<input checked="" type="checkbox"/> Business (wholesale)		<input type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____		17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Please type or print clearly.) ▶ ADAM C. MISHEN ATTORNEY IN FACT		Business telephone number (include area code) 305 654 2072		Fax telephone number (include area code) 305 652 0090	
Signature ▶ <i>Daniel Decher</i>		Date ▶ 4.24.98			

Note: Do not write below this line. For official use only.

Place (leave blank)	Occ.	Ind.	Class	Size	Reason for applying
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