

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S72913 (4)
 1. Corporation Name
MUSIC LINES, INC.



Principal Place of Business 3713 49TH ST STE 222 ST PETERSBURG FL 33710 US	Mailing Address 3713 49TH ST N STE 222 ST PETERSBURG FL 33710-2153 US
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3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 989 Sunrise Circle Suite, Apt. #, etc.	2a. Mailing Address 26 989 Sunrise Circle Suite, Apt. #, etc.	4. FEI Number 59-3076919	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> ST	\$8.75 Additional Fee Required
23 Palm Harbor, FL	28 Palm Harbor, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34683	25 Pinellas	29 34683	30 Pinellas

9. Name and Address of Current Registered Agent
**CHASE, CHERI L.
3713 49TH ST STE 222
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name Chase, Cheri L.
82 Street Address (P.O. Box Number is Not Acceptable) 989 Sunrise Circle
83
84 City Palm Harbor
85 State FL
86 Zip Code 34683

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: **x Cheri Chase, President** DATE: **4/29/97**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	CHASE, CHERI L.	
STREET ADDRESS	3713 49TH ST STE 222	
CITY - ST - ZIP	ST. PETERSBURG FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chase, Cheri L.	
1.3 STREET ADDRESS	989 Sunrise Circle	
1.4 CITY - ST - ZIP	Palm Harbor, FL 34683	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 do 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 in an attachment with an address.

SIGNATURE: **x Cheri Chase, President** DATE: **4/29/97** (813) 781-4569

CR2E034 (9/96)