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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023485 (2)

NIGGLES MUSIC, INC.

Principal Place of Business Mailing Address 2627 IVES DAIRY ROAD 2627 IVES DAIRY ROAD SUITE 201 SUITE 201 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 03/23/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0582860 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEOPOLD, NORMAN 20801 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 501** 83 **AVENTURA FL 33180** 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE **Change** Addition 1.1 TITLE TITLE GENNET, ROBERT Y NAME 1.2 NAME 1307 N. 20TH AUF 547 NE F34TH CT 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK-F HOLLYWOOD, FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change noitibhA TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP

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 trustop 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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITEE

6.2 NAME

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Jan 26, 1998

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Addition

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FILED

Feb 03 1998 8:00am

Secretary of State