FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **148922** **(8)**

1. Corporation Name

SOUTHERN MUSIC DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
503 W CENTRAL BLVD ORLANDO FL 32802	503 W CENTRAL BLVD ORLANDO FL 32802

3. Date Incorporated or Qualified: **10/21/1946**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **59-0562673** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROOD,RON W
503 W CENTRAL BLVD
ORLANDO FL 32801

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 Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROOD, FRANCES H	1.2 NAME	
STREET ADDRESS	1100 OVERLOOK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TYPE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WAINWRIGHT, ANNE P.	2.2 NAME	
STREET ADDRESS	1304 BLACK WILLOW TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TYPE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, SINCLAIR	3.2 NAME	
STREET ADDRESS	2708 DORADO CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TYPE	~~D~~ ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, CLARENCE A.~~	4.2 NAME	
STREET ADDRESS	~~771 PINETREE ROAD~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~WINTER PARK FL~~	4.4 CITY-ST-ZIP	
TYPE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROOD, RON W	5.2 NAME	
STREET ADDRESS	1100 OVERLOOK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anne P. Wainwright Anne P. Wainwright **2/1/96** **(407) 423-5591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #