04231999-90203-004-$150.00-$150.00

**FILED**
**Apr 23, 1999 8:00 am**
**Secretary of State**
04-23-1999 90203 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358106

1. Corporation Name
SPEC'S MUSIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1666 NW 82ND AVE<br>MIAMI FL 33126<br>US | 1666 N.W. 82ND AVE.<br>P.O. BOX 520248<br>MIAMI FL 33152-0248 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1970
4. FEI Number: 59-1362127 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 8000 Freedom Ave NW | 26 8000 Freedom Ave NW |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 North Canton, Ohio | City & State 28 North Canton, Ohio |
| Zip 24 44720 Country 25 US | Zip 29 44720 Country 30 US |

9. Name and Address of Current Registered Agent

LIEFF, ANN S
1666 N.W. 82ND AVE.
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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 Gil S. Apelis, Asst. Secretary 5-3-99
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | LAMPEN, RICHARD J | | 1.2 NAME | James Bonk | |
| STREET ADDRESS | 100 SE 2ND ST | | 1.3 STREET ADDRESS | 8000 Freedom Ave NW | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 1.4 CITY-ST-ZIP | North Canton, Ohio 44720 | |
| TITLE | PD | ☒ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | LIEFF, ANN S | | 2.2 NAME | Jack Rogers | |
| STREET ADDRESS | 6775 SW 101 ST | | 2.3 STREET ADDRESS | 8000 Freedom Ave NW | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | North Canton, Ohio 44720 | |
| TITLE | VTD | ☒ DELETE | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | ZACKS, ROSALIND S | | 3.2 NAME | Susan M. Ceaven | |
| STREET ADDRESS | 6212 RIVIERA RD | | 3.3 STREET ADDRESS | 8000 Freedom Ave NW | |
| CITY-ST-ZIP | CORAL GABLES FL | | 3.4 CITY-ST-ZIP | North Canton, Ohio 44720 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | HERTZ, ARTHUR | | 4.2 NAME | Lee Ann Thorn | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | | 4.3 STREET ADDRESS | 8000 Freedom Ave NW | |
| CITY-ST-ZIP | CORAL GABLES FL | | 4.4 CITY-ST-ZIP | North Canton, Ohio 44720 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SPECTOR, MARTIN | | 5.2 NAME | | |
| STREET ADDRESS | 6900 BARQUERA STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 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 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:** Susan M Ceaven Susan M Ceaven Asst Sec 4-6-99 (330) 494-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #