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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 694899 1. Corporation Name

FULL SAIL RECORDERS, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90085 019 ***158.75



Principal Pl	face of Business	Mailing Address			——					
2000 HARVOEDOITY DIVID										
SUITE 160		SUITE 160	3300 Univbersity BLVD. Suite 160							
WINTER PARK FL 32792		WINTER PARK FL 32792				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		<u> </u>		
						07/09/1981				
	Place of Business	2a. Mailing Address				4. FEI Number		TA	pplied For	
21	4.4	26				59-2111456	ŀ	-	ot Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	_				\$8		Additional	
22 City & St	Pato .	27				5. Certificate of Status Desired			equired	
23 Oky a 30	ace.	City & State				6. Election Campaign Financing	\$	5.00	May Be	
Zip	Country	Zip				Trust Fund Contribution	A	\dded	to Fees	
24	25	29	Countr	у		8. This corporation owes the current year I	ntangibk	9		
	9. Name and Address of Curr		30			Personal Property Tax.	\ Ye		□No	
	···		81	Na		10. Name and Address of New Registere	d Agent			
HA	DDOCK PROFESSIONAL ASSOC	CIATION	Ľ			•				
3260 UNIVERSITY BLVD., SUITE 210				Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			,	
WI	NTER PARK FL 32792		83	-						
				<u>L</u> .		1.	*			
			84	City			85	Zip	Code	
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s the abov	e-nam	od corne	ration submits this statement for the purpose of	_ , ,			
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the co	rporation	ration submits this statement for the purpose on is board of directors. I hereby accept the appoint	of changi pintment	ng its as re	registered aistered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	pations of, Section 607.0505, Flori	ida Statutes	i.					3.5.5.44	
JIGINATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	nt signati	re required v	when reinstating) DATE				
12.	OFFICERS A	ND DIRECTORS	13.	. vigirali	TO TOQUE SO T	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIBI	ECTC	DC IN 10	
TITLE	PSD	☐ DELETE	1.1 TITLE	-0			☐ Chi		Addition	
NAME	PHELPS, JOHNATHAN D.		1.2 NAME		İ			ango	Addidon	
STREET ADDRESS			1.3 \$TREE	ADORE	ss					
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-S							
TITLE	PSD	☐ DELETE	2.1 TITLE				Cha	anne	Addition	
NAME	HADDOCK, EDWARD E. JR		2.2 NAME			,		217g0		
STREET ADDRESS			2.3 STREET	ADDRES	ss l					
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY-S		~					
TITLE	V	☐ DELETE	3.1 TITLE		+		Cha	-	Addition	
NAME	JONES, GARRY 32 NA		3.2 NAME		1			ge		
STREET ADDRESS	3300 UNIVERSITY BLVD.		3.3 STREET	ADDRES	is					
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-S		٦					
TITLE	D	☐ DELETE	4.1 TITLE	_=:	+		[] Cha		Addition	
NAME	HEAVENER, JAMES W.		4, 2 NAME				L) Olla	iige		
STREET ADDRESS	3300 UNIVERSITY BLVD.,STE.1	160	4.3 STREET	ADORES	s			•	-	
CiTY-ST-ZIP	WINTER PARK FL 32792		4.4 CITY-ST		-1					
TITLE	AS	☐ DELETE	5.1 TITLE		+		☐ Chai	nge	Addition	
NAME	LAMB, DEBORAH		5.2 NAME					ige	☐ Addition /	
STREET ADDRESS	3300 UNIVERSITY BLVD, STE	160	5.3 STREET	ADDRES	s					
CITY-ST-ZIP	WINTER PK FL 32792		5.4 CITY-ST-						ļ	
TITLE .		☐ DELETE	6.1 TITLE		+		["] OL-			
NAME			6.2 NAME		1 .		Char	ige	☐ Addition	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

STREET ADDRESS TTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR