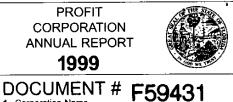
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90009 023 ***150.00

THE RECORD STATION, INCORPORATED Mailing Address Principal Place of Business 1736 S. CONGRESS AVE. 1736 S. CONGRESS AVE. PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2148211 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No]] Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROSS, DEBORAH ANN 82 Street Address (P.O. Box Number is Not Acceptable) 1736 S. CONGRESS AVENUE PALM SPRINGS FL 33461 83 Zip Code 84 85 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change [] Addition DELETE 11 TITLE TITLE 1.2 NAME ROSS, DEBORAH ANN NAME 1.3 STREET ADDRESS 4695 SABLE PINE CIR #C-1 STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITI F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 is changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)