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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F65792 1. Corporation Name

PRELUDE MUSIC, INC.							
					L (48)(68 (3/8 6/6) (8/6) (4/8 (6/6) (1/8) (1/8)		
	<u>.</u>						
Principal Place of Business Mailing Address							
2 S BISCAYNE BVD 2 S BISCAYNE BLVD							
STE 3400 STE 3400 MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN TH	IIS SPACE	
US US					3. Date Incorporated or Qualifed		_
		•••			01/29/.1982		
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Api	plied For
21		26			59-2197562	No'	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27			3, Certificate of Otolog Desired	Fee Re	quired
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zíp			Country	'	8. This corporation owes the current year	Intangible	I¥No
24	25 29 30		80		Personal Property Tax. 10. Name and Address of New Registere		<u>Beauto</u>
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
VALE	DES-FAULI CORPORATE SERVI	CES INC			 		
2 S BISCAYNE BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE 3400			83	 			-
MIAMI FL 33131					<u> </u>		
			84	City	F	EL 85 Zip C	code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	e-named corpo	pration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was aut	nonzea ov	the corporation	n's board of directors. I hereby accept the ap	pointment as reg	jistered
1	III tamiliar with, and accept the oblig	ations of Decilor Cor. Coo., Flore		•	•		ļ
SIGNATURE	Signature, typed or printed name of registered ag-	ent and little if applicable. (NOTE: F	Registered Age	nt signature required			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	_		1.1 TITLE			Change	☐ Addition
NAME	THOU INTEREST THE E		12 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE			2.1 TITLE			□ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST- ZIP	<u> </u>	☐ Change	Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 TITLE 3.2 NAME			oncorago	
NAME			4	T ADDRESS			
STREET ADDRESS	DALCOO .		1				
CITY-ST-ZIP TITLE			3.4. CITY-5 4.1 TITLE	S1-ZIP		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS		1	
CITY-ST-ZIP			4.4 CITY-S			•	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		<i>2</i> • •	•	
STREET ADDRESS			5.3 STREE	TADORESS		,	
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		· ·	Change	Addition
1			6 2 NAME		•		

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:

STREET ADDRESS

CITY-ST-ZIP

Michael L. Richards

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP