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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

F93000004643 (3) **DOCUMENT #** TRI-MOON MUSIC, INC. Principal Place of Business Mailing Address POST OFFICE BOX 11221 POST OFFICE BOX 11221 FT. LAUDERDALE FL 33339 FT. LAUDERDALE FL 33339 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0434670 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent COSENTINO, CHRISTINE Name 3072 SOUTH OAKLAND FOREST DR. 82 Street Address (P.O. Box Number is Not Acceptable) #408 83 FT. LAUDERDALE FL 33309 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1,1 TITLE Change Addition COSENTINO, CHRISTINE E NAME 1.2 NAME 3072 SOUTH OAKLAND FOREST DR. #406 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 1.4 CITY-ST-ZIP CITY-S1-ZIP Change TITLE DELETE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITI F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change ___ Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 cath; 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 changes, or open an attachment with an address.

SIGNATURE:

apr. 4 1998 (254)485-8821