FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] PM 2:22

[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001803 (5)

1. Corporation Name
TOP MUSIC COMPANY, INC.

Principal Place of Business	Mailing Address
3656 GOVERNMENT BLVD. MOBILE AL 36609	3656 GOVERNMENT BLVD. MOBILE AL 36609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994 | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # etc. (22) | Suite Apt. # etc. (27)

City & State (23) | City & State (28)

(24) (25) (29) (30)

4. FEI Number: 63-0702490 | ☐ 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

7. The corporation has [illegible] for nonprofit tax under S. 196.192, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1005 and 607.1006 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ Change ☐ Addition
NAME	STRATAS, NICHOLAS	
STREET ADDRESS	3656 GOVERNMENT BLVD.	
CITY ST ZIP	MOBILE AL 36609	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I declare, under that the information supplied with the above-named [illegible] for the purpose of complying with Section [illegible] Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve to satisfy that requirement for all changes listed in this report. If the agent is changed, this certificate must be executed by the agent of the former registered agent. I have read the [illegible] and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 4/28/95 334 661 6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK M. STRATAS

0471766 FP