SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 OCT 24 PM 12: 47 DOCUMENT # F9400001803 (5) SECRETARY OF STATE Tallahassee, f**lorida** TOP MUSIC COMPANY, INC. Principal Place of Business Mailing Address 3656 GOVERNMENT BLVD. 3656 GOVERNMENT BLVD. MOBILE AL 36609 MOBILE AL 36609 3a. Date of Last Report Date Incorporated or Qualified 04/08/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-0702490 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION EL 33324 **B3** 84 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 of registered agent, of 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 m familiar with and accept the obligations of Section 607.0506 Florida Statutes. SIGNATURE ASSISTANT SECRETARY
Registered Agent and title if applicable. Registered Agent agnature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97) PSD 200002331742 DELETE TITLE 1.170112 ☐ Addition STRATAS, NICHOLAS 1.2 NAME CR2E034 -10/28/97--01068--013 3656 GOVERNMENT BLVD. STREET ADDRESS 1.3 STREET ADDRESS ****750.00 ****750.00 MOBILE AL 36609 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE . 3.1 TITLE Change NAME & 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 4. 2 NAME STREE ADDRESS 4.3 STREET ADDRESS CITY T- 71P 4.4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 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.

Supplied

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