

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # F95000002318 (2)

1. Corporation Name
LMC MUSIC, INC.

Principal Place of Business
8101 EAST PRENTICE AVENUE SUITE 500
ENGLEWOOD CO 80111

Mailing Address
8101 EAST PRENTICE AVENUE SUITE 500
ENGLEWOOD CO 80111-2834



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5619 DTC PARKWAY		26 P O BOX 5630		05/11/1995	05/01/1996
22 TAX DEPT.		27 TAX DEPT		4. FEI Number	Applied For
23 ENGLEWOOD, CO		28 ENGLEWOOD, CO		84-1329416	Not Applicable
24 80111		29 80217-5630		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 US		30 US		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, PETER R	1.2 NAME	VPT
STREET ADDRESS	8101 EAST PRENTICE AVENUE SUITE 500	1.3 STREET ADDRESS	DAVID J. A. FLOWERS
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	5619 DTC PARKWAY
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYLOCK, GARY	2.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	2.4 CITY-ST-ZIP	
TITLE	VTS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT R	3.2 NAME	P/D
STREET ADDRESS	8101 EAST PRENTICE AVENUE SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFF, DAVID B	4.2 NAME	
STREET ADDRESS	8101 EAST PRENTICE AVENUE SUITE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONER, COLIN R	5.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, STEPHEN M	6.2 NAME	V/AS
STREET ADDRESS	5619 DTC PKY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

GARY BLAYLOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BLAYLOCK

4/21/97
Date

303-267-5500
Daytime Phone

0496485

CR2E034 (9/96)