

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90226 044 ***150.00

DOCUMENT # F95000002318

1. Corporation Name
LMC MUSIC, INC.



Principal Place of Business

Mailing Address

**5619 DTC PARKWAY
TAX DEPT
ENGLEWOOD CO 80111
US**

**P O BOX 5630
TAX DEPT
ENGLEWOOD CO 80217-630
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

84-1329416

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9197 S Peoria Street

26 PO Box 5630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Liberty Tax Dept

27 Liberty Tax Dept

City & State

City & State

23 Englewood, CO

28 Denver, CO

Zip

Zip

Country

Country

24 80112

25 USA

29 80127

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 **VTD** ☐ DELETE
NAME **FLOWERS, DAVID J**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

1.1 TITLE **VT** ☒ Change ☐ Addition
1.2 NAME **Flowers, David J.**
1.3 STREET ADDRESS **9197 S Peoria Street**
1.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE **V** ☐ DELETE
NAME **BLAYLOCK, GARY**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Blaylock Gary**
2.3 STREET ADDRESS **9197 S Peoria Street**
2.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE **PD** ☐ DELETE
NAME **BENNETT, ROBERT R**
STREET ADDRESS **8101 EAST PRENTICE AVENUE SUITE 500**
CITY-ST-ZIP **ENGLEWOOD CO**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **Bennett, Robert R.**
3.3 STREET ADDRESS **9197 S Peoria Street**
3.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE **VD** ☐ DELETE
NAME **KOFF, DAVID B**
STREET ADDRESS **8101 EAST PRENTICE AVENUE SUITE 500**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

4.1 TITLE **VS** ☒ Change ☐ Addition
4.2 NAME **Koff, David B.**
4.3 STREET ADDRESS **9197 S Peoria Street**
4.4 CITY-ST-ZIP **Englewood, CO 80112**

TITLE **V** ☒ DELETE
NAME **STONER, COLIN R**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VAS** ☒ DELETE
NAME **BRETT, STEPHEN M**
STREET ADDRESS **5619 DTC PKY.**
CITY-ST-ZIP **ENGLEWOOD CO**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blaylock/VP

4/28/99

(720)875-4000

Date

Daytime Phone #

CR2E034 (11/98)