

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004696 (9)

1. Corporation Name  
DROP SCIENCE MUSIC PUBLISHING, INC.



Principal Place of Business 1221 W. COLONIAL DR., STE 300 ORLANDO FL 32804	Mailing Address 1221 W. COLONIAL DR., STE 300 ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7421 High Lake Dr Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32854	2a. Mailing Address 26 PO Box 547036 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32854	3. Date Incorporated or Qualified 09/26/1995 4. FEI Number 59-3273000 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BELL, LOUIS M JR. 1221 W. COLONIAL DR., STE 300 ORLANDO FL 32804	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 7421 High Lake Dr 84 City ORLANDO 85 Zip Code FL 32818
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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 fee if applicable) (NOT: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BELL, LOUIS	1.2 NAME	7421 High Lake Dr
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	1.3 STREET ADDRESS	PO Box 547036
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	DUFUE, BARRY	2.2 NAME	7421 High Lake Dr
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	2.3 STREET ADDRESS	PO Box 547036
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	ST	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BELL, JAMILLA	3.2 NAME	7421 High Lake Dr
STREET ADDRESS	1221 W. COLONIAL DR., STE 300	3.3 STREET ADDRESS	PO Box 547036
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	500002551355
STREET ADDRESS		5.3 STREET ADDRESS	-06/08/98--01088--011
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)