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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001227 (5)

MUSIC INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

24681 NORTWESTERN HWY. #300 SOUTHFIELD MI 48075 24681 NORTWESTERN HWY. #300 SOUTHFIELD MI 48075-2322

FILED Sep 16 1997 8:00am Secretary of State



SOUTHFIELD MI 48075	SOUTHFIELD MI 48075-2322			
			3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last Report
2. Principal Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21 24901 Northwestern Hay		thwestern Hu	<u>o.</u> 38-2885580	Not Applicable
Suite, Apt. #, &c. 22 Ste. 212	Suite, Apt #, etc. 27 Ste 212		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Southfield, M	South field	, MI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 48075 25	29 4807S 3	*Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes X No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Rec	lstered Agent
C T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD		B2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
PLANTATION FL 33324				
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both in the State c agent. I am familiar with any account the obligat	and 607.1508, Florida Statutes of Florida, Such change was au	the above-named corp thorized by the corporat	poration submits this statement for the prior's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE X	- LOKK	five we	NAMEN PRO	X // 1 / 9 /
Signature from or printed manie at region is a series 12. OFFICERS AND		legistored Agent signature requir	ed when reinstaturg) ADDITIONS/CHANGES TO OFFICE	DATE '
TITLE CPST	DELETE		PST	Change Addition
NAME GOLDEN, LORRAINE			OLDEN, LORRAINE	Sharigo E youthor
STREET ADDRESS 24681 NORTWESTERN HWY. #	300	13 STREET ADDRESS 2	4901 NORTHWESTERN	HWY, STE, 212
CITY-ST-ZIP SOUTHFIELD MI 48075		14 CITY-ST-7IP	DUTHFIELD, HI 48	2075
TITLE	DELETE	21 TITLE	- 111 K	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP	_	2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DITETE	4.1 TOLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - 7IP		
NAME	L. Dittili	51 THLE		Change Addition
		5.2 NAMI		
STREET ADDRESS		5.3 STREET ADDRESS		
CATY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - 7IP 6.1 TITLE		Change Addition
NAME	F-1 DCCC+F	6.2 NAME		The change The addition
STREET ADDRESS				
City-St-ZiP		G.3 STREET ADDRESS		
14. I do hereby certify that the information supplied	with this filing does not qualify t	6.4 CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statutae	I further certify that the

In do hereby certify that the information stippings with his niling close not equally for the exemption stated in Section 118-07(3)(f), Florida Statutes. Frurther 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 Chanter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.

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