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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001479 (2)

JACK'S RIVER MUSIC. INC.

Principal Place of Business Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



MISLAND TRADING COMPANY, INC. MISLAND TRADING COMPANY, INC. 1330 OCEAN DR 4TH FLR 1330 OCEAN DR 4TH FLR DO NOT WRITE IN THIS SPACE MIAMI BCH FL 33139 MIAMI BCH FL 33139 3. Date Incorporated or Qualified 03/22/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-07.17761 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zio Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 Zip Code 85 84 City 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 ponted name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DIRECTOR, PRESIDENT **Change** DELETE TITLE 11 TITLE LAWRENCE MESTER 1.2 NAME MESTEL, LAWRENCE NAME 5th FC CIRCLE COLUMBUS 825 8TH AVE 24TH FLR 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE DINEUTOR, SECRETARY 2.1 TITLE TITLE 2.2 NAME CRUJEIRAS, DOREEN NAME DONDEN CRUITEI MAS 2.3 STREET ADDRESS STREET ADDRESS 825 8TH AVE 24TH FLR commons uncle W Y 10019 Change 2. 4 CITY-ST-ZIP **NEW YORK NY 10019** NEW YORK CITY-ST-ZIP ___ Addition DELETE 3.1 TITLE DINECTOR, TREASURER 3.2 NAME FRIEDMAN, MEG NAME MEG PICHEDMAN) 3.3 STREET ADDRESS 825 8TH AVE 24TH FLR STREET ADDRESS 5th Fl UNCU NEW YORK NY 10019 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 allachment with an address.