Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90020 011 ***150.00

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

DOCUMENT # F9800004263

COUNTR	Y MUSIC TELEVISION INTE	RNATION	IAL, INC.						
Principal Place	e of Business	Mailing	Address				d immillim otem (dis) inter anter muter anger anger	i galle Affig	
5201 BLUE LAGOON DRIVE, SUITE 580 5201 BLUE LAGOON DRIVE, S MIAMI FL 33126 MIAMI FL 33126				Suite 580					
	• .						DO NOT WRITE IN TH	S SPACE	
							 Date Incorporated or Qualified 07/27/1998 		
2. Principal Pl	ace of Business	2a. Mai	ling Address				4. FEI Number		Applied For
21		26					62-1706006		Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			•	5. Certifcate of Status Desired		5 Additional Required
City & State	e 👯 💎 , .		& State				6. Election Campaign Financing Trust Fund Contribution		00 May Be . ed to Fees
23 Zip	Country	Zip		Country	,		8. This corporation owes the current year		
24	25	29	30	¬ -			Personal Property Tax.	Yes	□No
	9. Name and Address of Current						10. Name and Address of New Registere	d Agent	
				81	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525				83			•		
		***		0.4	014			85	Zip Code
	·			84	City		F	L °° ′	Lip Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	t Florida. Si	ucn cnange was autr	iorizea by	the corp	corpora oration	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing ointment a	g its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent			egistered Age	nt signature r	required w	then reinstating) DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	+ President/Duch	о С	☐ DELETE	1.1 TITLE			retary	☐ Cha	nge 🔏 Addition
NAME	KORNMEYER, CARL			1.2 NAME		The	onas Sisherraid 4 Church Shut Suite 20	000	
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SU	JITE 580		1.3 STREE	TADORESS	43	4 Character 27 27		
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-S	T-ZIP	Na	Shrille ,TN 37214	Char	ago Addition
TITLE	V.		☐ DELETE	2.1 TITLE		17-5	istant Secutary	☐ Chai	nge X Addition
NAME	CRACE, JOSPEH B			2.2 NAME		Yet	er C. Rousos of Burelagon Drive, Sui	te 58	0
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SU	JITE 580			T ADDRESS	25	01 000000000000000000000000000000000000	,	. }
CITY-ST-ZIP -	MIAMI FL 33126	. , <u>, , , , , , , , , , , , , , , , , ,</u>	c s ·	.2.4 CITY-	ST-ZIR		ami, FL 33126	Chai	nge Addition
TITLE	V DOS		☐ DELETE	3.1 TITLE		1	actor mx E. London		,,
NAME	CONNOR, ROD	coc		3.2 NAMÉ		76	of Bue Lagon Dive, S	uite 5	90
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SU	JIIE 580			TADDRESS	12C	of built and built and a		
CITY-ST-ZIP	MIAMI FL 33126		☐ DELETE	3.4. CITY-1	ST-ZIP	11/1	ani, FC 33124	☐ Cha	nge Addition
TITLE	V,		- Derese	4.1 TITLE					.a
NAME	FLOYD, MARK	HTT FAA		4. 2 NAME					
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SU	#1E 28U		•	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		DELETE	4.4 CITY-5	ST-ZIP	∤		☐ Cha	nge
TITLE	V Children		□ here is	5.1 TITLE 5.2 NAME					a. [] \(\text{CO(100)}\)
NAME	WILSON, CINDY	UTE FAA			T ADDDESS				
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SU	ル(に 580			T ADDRESS				
CITY OF ZID	MIAMI EL 22128			5.4 CITY-5	oi-Zi⊬	1			

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 9n an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

HOPPER, MICHEL C

MIAMI FL 33126

5201 BLUE LAGOON DRIVE, SUITE 580

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

615-742-4200

☐ Change

Addition