

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

PROFIT
CORPORATION
ANNUAL REPORT

~~1998~~ 2000



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 003 ***150.00

DOCUMENT # G08210 (8)

1. Corporation Name
SUNCOAST MUSIC PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

~~14940 FLORIDA AVENUE
TAMPA FL 33613~~

~~14940 FLORIDA AVENUE
TAMPA FL 33613~~

17513 Edinburgh Dr.
Tampa, FL 33647

17513 Edinburgh Dr.
Tampa, FL 33647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17513 Edinburgh Dr.

2a. Mailing Address

26 17513 Edinburgh Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Tampa FL

27 City & State
Tampa, FL 33647

23 Zip Country
33647 US

28 Zip Country
33647 US

3. Date Incorporated or Qualified

11/15/1982

4. FEI Number

59-2236146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANT, JOHN A JR
1715 N WESTSHORE BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

TITLE D
NAME DEBLOCK, YVONNE H
STREET ADDRESS 605 WATERWOOD CT.
CITY-ST-ZIP TUTZ FL

TITLE DP
NAME DEBLOCK, DALE B
STREET ADDRESS 605 WATERWOOD CT.
CITY-ST-ZIP TUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 17513 Edinburgh Dr.
1.4 CITY-ST-ZIP Tampa, FL 33647

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 17513 Edinburgh Dr.
2.4 CITY-ST-ZIP Tampa, FL 33647

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0376229

CR2E034 (10/97)