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 # H57386

HUGO'S MUSIC INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90119 013 ***150.00



ALTAMONTE SE	PRINGS FL 32714	ALTAMONTE SPRINGS FL 32714					DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualifed 05/16/1985	
			10. 11. 11.					
2. Principal Place of Business			2a. Mailing Address					
21			Suite, Apt. #, etc.				59-2663968 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing 55.00 May Be	
23							Trust Fund Contribution Added to Fees	
Zip				Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
DAC:	T NATHEN				81	Name		
PAGE, NATHEN			82 Street Ad		Street A	Address (P.O. Box Number is Not Acceptable)		
874 LITTLE BEND RD.							· · · · · · · · · · · · · · · · · · ·	
ALTA	AMONTE SPRINGS FL 32714				83			
					84	City	85 Zip Code	
			ń.		04	City	FL S Z F COO	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	es, the al	pove	e-named e	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Floric	da. Such change was a	uthorized	by	the corpo	oration's board of directors. I hereby accept the appointment as registered	
		ations of	/Section 607.0505, Flo	nua sian	MGS.		Ann. 12/99	
SIGNATURE	Bignature, typed or printed name of registered ago	ant and titled	Sportinghia (NOTE	Registered	Agen	t signature re	required when reinstating) DATE	
12.	OFFICERS A			13.	1.90.	. cognosia o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	THE BITTE	☐ DELETE	1.1 177	n.e		☐ Change ☐ Addition	
	PAGE, NATHEN		3	1.2 NAME				
NAME	874 LITTLE BEND RD.					ADDRESS		
STREET ADDRESS								
CITY-ST-ZIP	11.11.00.00		1.4 CF 2.1 TF		I-ZIP	☐ Change ☐ Addition		
TITLE								
NAME	11.02, 11.01.11.		2.2 N					
STREET ADDRESS	874 LITTLE BEND RD.			- 8		ADDRESS	**	
CITY-ST-ZIP				2.4 C		T-ZIP	COL CI Addition	
TITLE	☐ DELETE 3.1				ΠE		☐ Change ☐ Addition	
NAME	<u>,</u>			3.2 NA	ME	ļ		
STREET ADDRESS	•			3.3 \$1	REET	ADDRESS		
CITY-ST-ZIP	}			3.4. C	ITY-S	T-ZIP		
TITLE	☐ DELETE			4.1 TF	ΠE		☐ Change ☐ Addition	
NAME				4. 2 N	AME		·	
STREET ADDRESS				4.3 S1	REET	ADDRESS		
CITY-ST-ZIP				4.4 CI				
TITLE			☐ DELETE	5.1 TT	TLE	1	Change Addition	
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 \$1	REET	ADDRESS		
				5.4 CI	TY-S1	r-ZIP		
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition	
			_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.2 NA			1	
NAME						ADDRESS		
STREET ADDRESS						1		
CITY-ST-ZIP				6.4 CI	TY-S	T-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, with all other like empowered.

SIGNATURE: