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

NAME

STREET ADDRESS

14. I hereby certify that the information indicated on this annual report of sofficer or director of the corporation Block 12 or Block 13 if changed to

CITY-ST-ZIP

FILED Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 1. Corporation Name (4)**NEWTOWN MUSIC GROUP, INC.** Principal Place of Business Mailing Address 1800 2ND ST 1800 2ND ST DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 06/12/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2817230 26 Not Applicable 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 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KAYE, DOUGLAS B 1800 2 ST SUITE 712 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 8 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition 1.1 TITLE PST TITLE KAYE, DOUGLAS B NAME 1.2 NAME 1800 2ND ST., #712 1.3 STREET ADDRESS STREET ADDRESS Sarasota FL 34236 14 City - ST-7iP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE BAKER, PATRICK E 2.2 NAME NAME 1800 2ND ST., #712 STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.