

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # J78582**

(0)

1. Corporation Name

**AVISION MUSIC CORPORATION**

Principal Place of Business

13385 W DIXIE HWY  
NORTH MIAMI FL 33161

Mailing Address

13385 W DIXIE HWY  
NORTH MIAMI FL 33161

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Zip

24 Country

29

Country

30

**APPROVED  
AND  
FILED**

**95 APR 26 AM 8:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE.**

3. Date Incorporated or Qualified	3a. Date of Last Report
08/15/1987	04/13/1994

4. FEI Number	Applied For
65-0199148	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
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7. This corporation has liability for intrastate tax under G. 103.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ALAIMO, STEVE  
13385 W DIXIE HWY  
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 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 restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, HOWARD	1.2 NAME	
STREET ADDRESS	13385 W DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, RON	2.2 NAME	
STREET ADDRESS	13385 W DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAIMO, STEVE	3.2 NAME	
STREET ADDRESS	13385 W DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Howard R. Albert*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/05*  
Date

*J05-073914*

Daytime Phone #