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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K86734 1. Corporation Name

Y. & T. DANCE MUSIC INC.

Principal Place of Business Mailing Address 1614 ALTON RD 1614 ALTON RD MIAMI BCH FL 33139 MIAMI BCH FL 33139

Country

9. Name and Address of Current Registered Agent

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90063 006 ***150 00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 05/09/1989 4. FEI Number Applied For 23-0934359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent

SAUNDERS, TODD 1614 ALTON RD MIAMI BCH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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.

Country

30

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 13. ☐ DELETE 1.1 TITLE TITLE SAUNDERS, TODD NAME 12 NAME 1614 ALTON RD 1.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CiTY-ST-ZIP ☐ DELETE Change 3.1 TITLE ☐ Addition 3.2 NAME NAME ' ALTON PARCE STREET ADDRESS 3.3 STREET ADDRESS 11. CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE □ DELETE TITLE ☐ Change ☐ Addition B. A. A. B. T. A. 62 NAME NAME 3. Sept. 1967 1 1967

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 attachagent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/98)