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PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03601

1. Corporation Name

Principal Place of Business	Mailing Address	
P.O. BOX 924539	P.O. BOX 924539	
MIAMI FL 33092-0000	MIAMI FL 33092-0000	

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90034 009 ***158.75

MELODY PRODUCTION, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/21/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0138262 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 Zin Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANCHEZ, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 22400 SW 258 STREET **MIAMI FL 33031** 83 84 City 85 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 agent, or both, in the State of Florida Statutes, the above-named 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 applicab OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OELETE ☐ Change Addition 1.1 TITLE TITLE 65 (1904.18) SANCHEZ, WILLIAM NAME 12 NAME 22400SW 258ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE SANCHEZ. WILLIAM 2.2 NAME NAME 22400 SW 258 STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 有压式的 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ₹ . Addition 4.1 TITLE TITLE 4.2 NAME NAME BOX AM 4.3 STREET ADDRESS STREET ADDRESS Mary . Partie CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition 51 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 287 结准体验 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 2.14005W CT-1 6.2 NAME NAME, 路梯级毛 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 vith all other like empowered.

CR2E034 (11/98)