

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1996 08:00 AM**  
**Secretary of State**



DOCUMENT # **L04549** (6)

1. Corporation Name  
**SONY DISCOS INC.**

Principal Place of Business: **2190 N. W. 89TH PLACE MIAMI FL 33172 US**  
Mailing Address: **1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 US**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **07/26/1989**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **13-3531924**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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 (Type or print name of registered agent in this space. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | VP                     | <input type="checkbox"/> DELETE |
| NAME            | TYRRELL, THOMAS C      |                                 |
| STREET ADDRESS  | 550 MADISON AVENUE     |                                 |
| CITY - ST - ZIP | NEW YORK NY            |                                 |
| TITLE           | P                      | <input type="checkbox"/> DELETE |
| NAME            | WELZER, FRANK          |                                 |
| STREET ADDRESS  | % 2190 N.W. 89TH PLACE |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | S                      | <input type="checkbox"/> DELETE |
| NAME            | EICHORST, ANN          |                                 |
| STREET ADDRESS  | 550 MADISON AVENUE     |                                 |
| CITY - ST - ZIP | NEW YORK NY            |                                 |
| TITLE           | T                      | <input type="checkbox"/> DELETE |
| NAME            | PEIRATS, GEORGINA      |                                 |
| STREET ADDRESS  | 2190 NW 89TH PLACE     |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            | <u>Also Director</u>   |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | <u>Also Director</u>   |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | <u>DIRECTOR</u>  |
| 5.3 STREET ADDRESS  | <u>Robert Bowlin</u>   |
| 5.4 CITY - ST - ZIP | <u>550 Madison Ave</u><br><u>NY NY 10022</u>                                 |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 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 119.07(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: Ann Eichorst (Ann Eichorst) 2/19/96 212-833-4350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)