

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1989	
4. FEI Number 13-3531924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYRRELL, THOMAS C	12 NAME	
STREET ADDRESS	550 MADISON AVENUE	13 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	14 CITY- ST- ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELZER, FRANK	22 NAME	
STREET ADDRESS	% 2190 N.W. 89TH PLACE	23 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHORST, ANN	32 NAME	
STREET ADDRESS	550 MADISON AVENUE	33 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	34 CITY- ST- ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRATS, GEORGINA	42 NAME	
STREET ADDRESS	2190 NW 89TH PLACE	43 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	44 CITY- ST- ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLIN, ROBERT	52 NAME	
STREET ADDRESS	550 MADISON AVE	53 STREET ADDRESS	
CITY- ST- ZIP	NY NY 10022	54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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 attachment with an address.

SIGNATURE:

Ann Eichorst

2/2/98

(212) 833-4350

CR2E034 (10/97)