FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)NITEBEAT RECORDS INC. Principal Place of Business Mailing Address 5934 W. 20TH AVE 5934 W. 20TH AVE HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5153 S.W. 79 IM P.O. BOX 831476 Not Applicable 65-0140037 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 33193 Mian . Fla Fee Required MIAMI City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 33193 USA U 5 4 33283 Yes 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALVARADO, GEORGE 5934 W. 20TH AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33016 83 84 Zip Code octions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ofth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered copy the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent. I am familiar with SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE ALVARADO, GEORGE NAME 1.2 NAME 5934 W. 20TH AVE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 14 CITY-ST-7IP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 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 supplimental 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 all receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

attachment with an address.

STREET ADDRESS

Block 12 or Block 13 if changed, or o

CITY-ST-ZIP