

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

FILED
Apr 20 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 # L75679 (5)
1. Corporation Name
MUSCLE MIXES MUSIC, INC.



Principal Place of Business
MUSCLE MIXES MUSIC INC
1000 N MAGNOLIA DR
ORLANDO FL 32803
US

Mailing Address
P.O. BOX 533967
ORLANDO FL 32853
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 803 Orlando Ave Ste B Suite, Apt. #, etc. 22 Ste B City & State 23 Winter Park, Florida Zip 24 32789 Country 25 US		2a. Mailing Address 26 P.O. Box 533967 Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip 29 32853 Country 30 U.S.		3. Date Incorporated or Qualified 05/23/1990	4. FEI Number 59-3028899	Applied For 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		

9. Name and Address of Current Registered Agent IMBESI, DENISE 1000 N MAGNOLIA ORLANDO FL 32803				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 803 Orlando Ave. 84 Ste B 85 City Winter Park FL 32789			
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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	PS	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IMBESI, DENISE			1.2 NAME	803 Orlando Ave. Ste B		
STREET ADDRESS	1000 NO MAGNOLIA AVE	803 S. Orlando Ave		1.3 STREET ADDRESS	Winter Park, FL 32789		
CITY-ST-ZIP	ORLANDO-FL	W. Park FL 32789		1.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLOMON, RANDI			2.2 NAME	803 Orlando Ave Ste B		
STREET ADDRESS	1000 NO MAGNOLIA AVE	803 S. Orlando Ave		2.3 STREET ADDRESS	Winter Park, FL 32789		
CITY-ST-ZIP	ORLANDO-FL	W. Park FL 32789		2.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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

Marlene Chavis

General Mgr

4/14/98

407.872.756

CR2E034 (10/97)