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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

THE THE MUSIC (DISTRIBL	THON) INC.
Principal Place of Business	Mailing Address

FILED May 19 1997 8:00am Secretary of State



P O BOX 610 Miami Fl 332		P O BOX 610484 Miami FL 33261-0484					
					3. Date Incorporated or Qualified 06/11/1990	3a. Date of Las 06/11/199	•
2. Principal Place of Business 2e. Mailing Address				4. FEI Number		Applied For	
21		26			65-0214048		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	7	5 Additional Required		
City & Stel	le	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Z(p	Country 25	7 iri	Count 30	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of (Current Registered Agent			10. Name and Address of New Re	gistered Agent	
AB	E A BAILEY, P.A.		8	1 Name			
300 NW 183RD ST SUITE 101			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	VMI FL 33169		8	3			
1711	WH 1 E 00 100		В	4 City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	tes, the abo	ve-named co	propration submits this statement for the p	urpose of changin	g its registered
office or agent. I a	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such change was e obligations of, Section 607.0505, Fl	authorized Iorida Statut	by the corpor es.	orporation submits this statement for the p ration's board of directors. I heroby accep	ot the appointment	as registered
SIGNATURE							
	Signature, typed or printed name of regist			gent signature rec	quired when reinstating)	DATE	000 11.10
12.		RS AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	P POLIDED ANIOLEY	☐ DELETE	1.1 TITLE			L. Chang	Je 1 Audition
NAME	FOLDER, AINSLEY		1.2 NAM				
STREET ADDRESS	680 LANDINGS DR., APT	1. 204		ET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL SD	DELETE	1.4 City 2.1 Titl			Chan	ge Addition
TITLE	1	LL OCCU	2.2 NAM			*****	,
NAME STREET ADDRESS	OFFICE WITH THE SECTION AND ADDRESS OF ADA			ET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL	. 204		(-S1-ZIP			
TITLE	D	DELETE	3.1 1111			☐ Chan	ge Addition
NAME	FOLDER, A MICHELLE		3.2 NAM	Ε			
STREET ADDRESS			3,3 STR	ET ADDRESS			
CiTY-ST-ZIP	BROOKLYN NY		3.4. CIT	/-S1-ZIP			
TITLE		DELETE	4.1 1(T)			Chan	ge 🔲 Addition
NAME			4. 2 NAM	AE .			
STREET ADDRESS			4.3 \$18	ET ADDRESS			
CHY-ST-ZIP				-\$T-ZIP			
TITLE		☐ DELETE	5.1 1/11			Chan	ge Addition
NAME			52 NAM	ļ			
STREET ADDRESS			5.3 STR	ET AUDRESS			
CITY-ST-ZIP				'- \$1 - ZIP		Chan	ge Addition
TITLE		☐ DELETE	6.1 TITE	Į.		L Chan	Ac [*T Vanii(0))
NAME			6.2 NAN				
STREET ADDRESS				EFT ADDRESS			
CHTY-ST-ZIP	<u> </u>		6 4 CITY	-\$1-ZIP	12. 0	. (8	

I do 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.