

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L99718 (3)**

1. Corporation Name  
**CHAMPEGE MUSIC CORPORATION**



Principal Place of Business <b>880 NW 168TH TERRACE                  P.O. BOX 695440                  MIAMI FL 33269</b>	Mailing Address <b>P.O. BOX 695440                  P.O. BOX 695440                  MIAMI FL 33269                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/11/1990**

2. Principal Place of Business 21 <b>880 NE 69 ST</b> Suite, Apt. #, etc. 22 <b>3J</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33138</b>	2a. Mailing Address 25 <b>880 NE 69 ST</b> Suite, Apt. #, etc. 27 <b>3J</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33138</b>
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4. FEI Number  
**65-0227937**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LEBLANC, PIERRE  
 880 NW 168TH TERRACE  
 MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name **LEBLANC PIERRE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**880 NE 69 STREET APT 3J**

83

84 City **MIAMI** FL 85 Zip Code **33138**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEBLANC, PIERRE</b>	
STREET ADDRESS	<b>880 NW 168TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARC GASTON, JOSEPH</b>	
STREET ADDRESS	<b>385 NE 88TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PTS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEBLANC PIERRE</b>	
1.3 STREET ADDRESS	<b>880 NE 69 ST APT 3J</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Pierre Leblanc* 4/29/98 954-928-3199

CR2E034 (10/97)