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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M59032

(6)

FILED
Apr 30 1998 8:00am
Secretary of State

	MUSIC PRODUCTIONS, INC	Mailing Address					
13928 SO BISCAYNE RIVER DR 13928 SO BISCAYNE RIVER MIAMI FL 33161 MIAMI FL 33161			ER DR		DO NOT WRITE IN THIS SPACE		
US		US				IN THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a, Mailing Address			09/15/1987 4. FEI Number		Analisad Fau
21	26	ng Address		1		Applied For	
Suite, Apt. #, etc. Suite, Apt.					65-0011381	<u> </u>	Not Applicable Additional
22 27					5. Certificate of Status Desired	1 1 '	Required
City & Sta	City & State	/ & State		6. Election Campaign Financing			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid		_
24	25	29	30		Personal Property Tax due June 3		☑ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
STI	EIN, THEODORE J.			81 Name			
13928 S. BISCAYNE RIVER DRIVE				62 Street A	Address (P.O. Box Number is Not Acceptable	e)	
MA	WI FL 33161						
				83			
				84 City		85 Zir	Code
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statut e of Florida, Such change was a	es, the at	cove-named of	corporation submits this statement for the pu oration's board of directors. I hereby accept	rpose of changing	its registered
agent. Le	am familiar with, and accept the oblig	ations of Section 607:0505, Flo	orida Stat	utes.	ordinary board of directors. Thereby docept	the appointment a	3 109/3(6) 60
SIGNATURE							
12.	Signature, typed or printed name of pastered ag	ROT and tho if applicable (NOT ID DIRECTORS		Agent signature r	required when reinstating)	DATE	1
TITLE	PD	DELETE	13.	16	ADDITIONS/CHANGES TO OFFICE	Change	
NAME			1.2 NA			Change	
STREET ADDRESS				REET ADDRESS			
CFTY - ST - ZIP	MIAMI FL	*1.		Y-ST-ZIP			
TITLE	paramit C	DELETE	2.1 7)7			☐ Change	Addition
NAME		-	22 NA				
STREET ADDRESS				REET ADDRESS			ļ
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	3.1 TIT			☐ Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			İ
CITY - ST - ZIP			3.4. CI	TY-ST-ZIP			ŀ
TITLE		DELETE	4.1 TIT	LE		Change	Addition
NAME			4. 2 N	ME			ŀ
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 013	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE		Change	Addition
NAME			5 2 NA	ME			
STREET ADDRESS			5.3 \$T	REET ADDRESS			
CITY - ST - 21P			5.4 Cit	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE T		☐ Change	☐ Addition
NAME			6.2 NA	ME			ļ
STREET ADDRESS			6.3 \$11	REET ADDRESS			}
CITY-ST-ZIP				Y-ST-ZIP			
14. Thereby of	certify that the information supplied w	oth this filing does not qualify fo	or the exe	motion stated	in Section 119 07(3)(i) Florida Statutes, Lfr.	irther certify that th	e information

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutas. Further certify that the information indicated on this annual report or supplimental airquial 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: