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**PROFIT** CORPORATION ANNUAL REPORT.

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MDC MUSIC, INC.

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Mar 26 1998 8:00am

Secretary of State

Principal Place of Business Ma 2677 FOREST HILL BLVD SUITE 116 SUITE 116 WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0128288 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARDONA, MARLENE 8395 WATERWAY DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CLARKE SHORES FL 33406 63 84 City Zip Code 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. MARLENDE Ogistered Anent cinera SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change TITLE □ DELETE Addition 1.1 TITLE **LIUECCNI, PETER** NAME 1.2 NAME 2677 FOREST HILL BLVD S116 STREET ADDRESS 1.3 STREET ADDRESS WPBFL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE MARLENE R. DOYL PRESIDENT Change Addition 2.1 TITLE CARDONA, MARLENE NAME 22 NAME 2677 FOREST HILL BLVD \$116 STREET ADDRESS 2.3 STREET ADDRESS WPB FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DFLETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 coerciver 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 in hanged, or on an attachment with an address.