FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:45

DOCUMENT # **M73192** **(0)**

1. Corporation Name
M & M RECORDING, INC.

Principal Place of Business	Mailing Address
1041 BURNETT ST. OVIEDO FL 32765-4013	1041 BURNETT ST. OVIEDO FL 32765-4013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/17/1988**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business
21: 459 Angelo Ln
22: Suite, Apt. #, etc.
23: City & State: Cocoa Beach FL
24: Zip: 32931
25: Country: Brevard

2a. Mailing Address
26: 459 Angelo Ln
27: Suite, Apt. #, etc.
28: City & State: Cocoa Beach FL
29: Zip: 32931
30: Country: Brevard

4. FEI Number: **59-2699112** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSES, JEFFREY MICAHEL
1041 BURNETT ST.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 459 Angelo
83
84 City: Cocoa Beach **FL** 85 Zip Code: 32931

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: Jeffrey M. Moses — DATE: 3/27/95
Signature, title or typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☒ Change ☐ Addition
NAME	MOSES, JEFFREY MICHAEL	12 NAME		
STREET ADDRESS	1041 BURNETT ST.	13 STREET ADDRESS	459 Angelo Ln	
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MOSES, JEFFREY MICHAEL	22 NAME		
STREET ADDRESS	1041 BURNETT ST.	23 STREET ADDRESS	459 Angelo Ln	
CITY-ST-ZIP	OVIEDO FL	24 CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeffrey M. Moses — 3/27/95 — 407-784-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041107 CR