

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42601 (7)**
1. Corporation Name
MUSIC ORLANDO, INC.

APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 1111 N. ORANGE AVE. ORLANDO FL 32804 US
Mailing Address: C/O SUELLEN FAGIN 1016 DELANEY PARK DRIVE ORLANDO FL 32806

3. Date Incorporated or Qualified: 03/18/1991
3a. Date of Last Report: 05/26/1995
4. FEI Number: 59-3058884
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

2. Principal Place of Business: 21 500 N. Orlando Avenue, Suite, Apt. #, etc. 22 Winter Park, FL 32789, Zip 24 32789, Country 25 Orange, State 26 ArtsMall, Orlando Avenue, Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

10. Name and Address of New Registered Agent
81 Name: FAGIN, SUELLEN
82 Street Address (P.O. Box Number is Not Acceptable): 1016 DELANEY PARK DRIVE ORLANDO FL 32806
83 City: ORLANDO
84 City: ORLANDO, FL 32806

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: FAGIN, SUELLEN D	
STREET ADDRESS: 1016 DELANEY PK DR	
CITY - ST - ZIP: ORLANDO FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: MCINTYRE, LISA A	
STREET ADDRESS: 4611 CASON COVE DR	
CITY - ST - ZIP: ORLANDO FL	
TITLE: STD	<input type="checkbox"/> DELETE
NAME: CURRAN, SUSAN	
STREET ADDRESS: 2338 C S CONWAY RD	
CITY - ST - ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BRODIE, LYMAN	
STREET ADDRESS: 2993 CEDAR GLEN PL	
CITY - ST - ZIP: OVIEDO FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: BROMBERG, PETER A	
STREET ADDRESS: 110 SPRINGSODE CT	
CITY - ST - ZIP: LONGWOOD FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: VAN BRUNT, LAURIE	
STREET ADDRESS: 5239 STONE HARBOUR RD	
CITY - ST - ZIP: ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: David Glerum	
1.3 STREET ADDRESS: 6716 Woodlake Drive	
1.4 CITY - ST - ZIP: Orlando, FL 32810	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Kimberly Brooks	
2.3 STREET ADDRESS: 919 N. Orange Ave.	
2.4 CITY - ST - ZIP: Winter Park, FL 32789	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Alice Fague	
3.3 STREET ADDRESS: 418 Rahn Street	
3.4 CITY - ST - ZIP: Orlando, FL 32806	
4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Carol Fenner	
4.3 STREET ADDRESS: 1185 Washington Avenue	
4.4 CITY - ST - ZIP: Winter Park, FL 32789	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Richard Cato	
5.3 STREET ADDRESS: 1120 Park Lake St.	
5.4 CITY - ST - ZIP: Orlando, FL 32803	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: David Patrick	
6.3 STREET ADDRESS: 941 Hyer Avenue	
6.4 CITY - ST - ZIP: Orlando, FL 32804	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suellen D. Fagin* DATE: January 17, 1996 (407) 647-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)