

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90004 008 ****61.25

0035018

DOCUMENT # N94000000400

1. Corporation Name

THE LANGUAGE OF ART & MUSIC CORP.

Principal Place of Business

21000 NE 28TH AVENUE
SUITE 214
AVENTURA FL 33180

Mailing Address

21000 NE 28TH AVENUE
SUITE 214
AVENTURA FL 33180

2. Principal Place of Business

21 2699 STERLING ROAD

Suite, Apt. #, etc.

22 SUITE C-104

City & State

23 FORT LAUDERDALE, FL

Zip Country

24 33312 25 USA

2a. Mailing Address

26 2699 STERLING ROAD

Suite, Apt. #, etc.

27 SUITE C-104

City & State

28 FORT LAUDERDALE, FL

Zip Country

29 33312 30 USA

3. Date Incorporated or Qualified

01/27/1994

4. FEI Number

65-0462292

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMOLEY, ROBERT A (ESQ)
21000 NE 28TH AVENUE
SUITE 214
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

RICHARD LASRY

82 Street Address (P.O. Box Number is Not Acceptable)

2699 STERLING ROAD

83

SUITE C-104

84 City

FORT LAUDERDALE

FL

85 Zip Code

33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME LASRY, RICHARD

STREET ADDRESS 21000 NE 28TH AVENUE, SUITE 214

CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME LASRY, PASCAL

STREET ADDRESS 21000 NE 28TH AVENUE, STE 214

CITY-ST-ZIP AVNETURA FL

TITLE D ☐ DELETE

NAME LASRY, JOHN

STREET ADDRESS 21000 NE 28TH AVENUE, STE 214

CITY-ST-ZIP AVENTURA FL

TITLE D ☐ DELETE

NAME LASRY, DANNY

STREET ADDRESS 21000 NE 28TH AVENUE, STE 214

CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change☐ Addition☒ Change☐ Addition☒ Change☐ Addition☒ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

LASRY President 1-11-99 8052933 1260