

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

96 AUG 12 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000003492 (5)

1. Corporation Name

THE FLORIDA MUSIC NETWORK, INC.

Creative Alliance, INC.

Principal Place of Business

Mailing Address

P.O. BOX 22-2306  
HOLLYWOOD FL 33022-2306

P.O. BOX 22-2306  
HOLLYWOOD FL 33022-2306

3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 251 West Prospect Rd.

26 251 West Prospect Rd.

4. FEI Number  
65-0526211

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 33309

25 USA

29 33309

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUCCI, ROSE  
1021 SOUTH 29TH AVE.  
HOLLYWOOD FL 33020

81 Name

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

83

84 City

FL

85 Zip Code

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, also title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ROSE TUCCI  
1021 SOUTH 29TH AVE  
HOLLYWOOD FL 33020

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
JASON GORDON  
2932 PRAIRIE AVE  
MIAMI FL 33140

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
EDDIE STARR  
21511 WOODCHUCK WAY  
BACA RATON FL 33428

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
S  
LISA HOFFMAN  
5813 NE Lake Terrace  
Miramar, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
JULIE TRACY  
P.O. BOX 130034  
SUNRISE FL 33313

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
T  
ROBERT GASS  
10001 NW 50th ST., #204  
SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)