FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 22 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005663 (9)

1. Corporation Name

MUSIC MISSION KIEV, INC.

Principal Place of Business	Mailing Address
1096 A E MICHIGAN ST ORLANDO FL 32806	1096 A E MICHIGAN ST ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3278168 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 300 Grandview Place	26 300 Grandview Place
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Longwood, Fla	28 Longwood, Fla.
24 Zip 32779 25 Country U.S.A.	29 Zip 32779 30 Country U.S.A

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
LINDBORG, NANCY 1096 A E MICHIGAN ST ORLANDO FL 32806	81 Name: Jean Porter 82 Street Address (P.O. Box Number is Not Acceptable) 83 300 Grandview Place 84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Section 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: Jean Porter — JEAN PORTER — 2/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	☐ Change ☐ Addition
NAME	MCMURRIN, BEVERLY D	12 NAME	
STREET ADDRESS	300 GRANDVIEW PL	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	MCMURRIN, ROGER G	22 NAME	
STREET ADDRESS	300 GRANDVIEW PL	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32779	24 CITY ST ZIP	
TITLE	DCEO	31 TITLE	☐ Change ☐ Addition
NAME	MCMURRIN, LEE DR	32 NAME	
STREET ADDRESS	16608 ALDERSIDE DR	33 STREET ADDRESS	
CITY-ST ZIP	CLEVELAND OH 44120	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	SHAVER, DAVID	42 NAME	
STREET ADDRESS	1310 HARDING	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32806	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PORTER, BRADFORD DR	52 NAME	
STREET ADDRESS	300 GRANDVIEW PL	53 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32779	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SIKES, MAYNARD	62 NAME	
STREET ADDRESS	415 SE 123RD ST RD	63 STREET ADDRESS	
CITY ST ZIP	OCALA FL 34480	64 CITY ST ZIP	

RA 2/24

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

SIGNATURE: Roger G. McMurrin — Roger G. MC MURRIN — 2/7/95 — 407 788-6644
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #

0039031