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 # N94000005663 (9)

1. Corporation Name
MUSIC MISSION KIEV, INC.

Principal Place of Business	Mailing Address
300 GRANDVIEW PLACE LONGWOOD FL 32779 US	300 GRANDVIEW PLACE LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business
21: 16608 Aldersyde
22: Suite, Apt. #, etc.
23: City & State: Shaker Heights, OH
24: Zip: 44120
25: Country: USA

2a. Mailing Address
26: 16608 Aldersyde
27: Suite, Apt. #, etc.
28: City & State: Shaker Heights, OH
29: Zip: 44120
30: Country: USA

4. FEI Number: 59-3278168 ☐ 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

PORTER, JEAN
300 GRANDVIEW PLACE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: DAVID SHAVER
82 Street Address (P.O. Box Number is Not Acceptable): 1319 Harding
83:
84 City: ORLANDO FL 85 Zip Code: 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: DAVID M SHAVER — 05/1/96
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRIN, BEVERLY D		1.2 NAME		
STREET ADDRESS	300 GRANDVIEW PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRIN, ROGER G		2.2 NAME		
STREET ADDRESS	300 GRANDVIEW PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP		
TITLE	DCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRIN, LEE DR		3.2 NAME		
STREET ADDRESS	16608 ALDERSIDE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH 44120		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAVER, DAVID		4.2 NAME		
STREET ADDRESS	1310 HARDING		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, BRADFORD DR		5.2 NAME		
STREET ADDRESS	300 GRANDVIEW PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIKES, MAYNARD		6.2 NAME		
STREET ADDRESS	415 SE 123RD ST RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		6.4 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)(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: Lee McMurrin Lee R. McMurrin 3-9-96 (216) 7520819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)