## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9800005880

1. Corporation Name

SONFEST PROMOTIONS, INC.

Principal P ace of Business 3506 N. HARBOR CITY BLVD.

2. Principal Place of Business

MELBOURNE FL 32935

21

Mailing Address

2a. Mailing Address

26

3506 N. HARBOR CITY ELVD. MELBOURNE FL 32935

## FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90003 050 \*\*\*\*61.25



3. Date Incorporated or Qualifed

10/14/1998

2 ' 4		Suite Ant # etc			4. FEI Number		Ant	lied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>	Applicable	
22		27			- #59 <i>-</i> 35371	08	\$8.75 A	<del></del>
City & Sta	ate	City & State			5. Certifcate of Status	Desired	<b>⊅0.73</b> A Fee Re∈	
23		28						<u> </u>
Zip	Country	Zip	Country		6. Election Campaign	- 11	\$5.00   Added to	
24	25	29	30		Trust Fund Contribution  10. Name and Addres			7 F005
	9. Name and Address of Currer	nt Registered Agent	81	Name	IV. Name and Addres	s of Hew Keylote	TOU AGENT	*******
			"	IName				
SNYDER, WILLIAM				Street Ad	dress (P.O. Box Number is I	Vot Acceptable)		
2536 PINEAPPLE AVE., #2				-				
MELBOU	IRNE FL 32935		83					
			84	City			85 Zip C	ode
				′			FL   "   '	
11. Pursuan	nt to the provisions of Sections 617.050	22 and 617.1508, Florida Statute	es, the above	e-named co	rporation submits this statem	ent for the purpos	se of changing its	egistered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	Jthorized by	the corpora	ition's board of directors. I he	ereby accept the a	ippointment as reg	istered
		Moris of, Decitor of 1.0000, 1 los	ida Oldibios	,.				
SIGNATURE	Signature, typed or printed name of registered age	in and title if applicable. (NO) E:	Registered Ager	nt signature requ	ired when reinstating	DAT	E	
12.		ND DIRECTORS	13.		ADDITI ONS/CHANG	SES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		V D		☐ Change	Addition
NAME	SNYDER, WILLIAM		1.2 NAME		Peters, Kim			
STREET ADDRES	ACAA DIMEADDIE AME KA		13 STREET	I .	565 Heron Dr.			
	MELBOURNE FL 32935		1,4 CITY-S	-			0.05.9	
CITY-ST-ZIP	TD	DELETE -	2.1 TITLE	1	Merritt Islan	id, FL 3:	2 9 5 2 ☐ Change	Addition
TITLE	·•				V D		<u> </u>	$\mathbf{x}^{-}$
NAME	BUZZELLI, DON		2.2 NAME		Heath, Sandi			
STREET ADDRES	1			TADDRESS /	285 Magnolia	Ct.		
CITY-ST-ZIP	MELBOURNE FL 32934		2.4 CITY-8	ST-ZIP S	Satellite Bea	ch, FL	3.2.9.3.7	Addition
TITLE	SD	☐ DELETE	3.1 TITLE				[ ] Glalige	
NAME	WILSON, ALLISON		3.2 NAME					
STREET ADDRES	I .		3.3 STREE	TADDRESS				
CITY-ST-ZIP	W. MELBOURNE FL 32904			1				
TITLE	TI. MEEDOOTHIE E OLOOT		3.4. CITY-S	ST-ZIP				Addition
•	VD VD	DELETE	3.4. CHY-S 4.1 TITLE	ST-ZIP			Change	_
NAME		₩ DELETE					☐ Change	_
NAME STREET ADDRES	VD WALKER, MIKE	DELETE X	4.1 TITLE 4. 2 NAME				Change	_
	VD WALKER, MIKE	X DELETE	4.1 TITLE 4. 2 NAME	TADDRESS			Change	
STREET ADDRES	VD WALKER, MIKE 1728 ARBOR DR.	\(\frac{1}{X}\) DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	TADDRESS			☐ Change	
STREET ADDRES	VD WALKER, MIKE 1728 ARBOR DR.		4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	TADDRESS				Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME	VD WALKER, MIKE 1728 ARBOR DR. MELBOURNE FL 32935		4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	TADDRESS				
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	VD WALKER, MIKE 1728 ARBOR DR. MELBOURNE FL 32935		4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS				
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STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	VD WALKER, MIKE 1728 ARBOR DR. MELBOURNE FL 32935	□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T ADDRESS T - ZIP  T ADDRESS T - ZIP			☐ Change	Addition

Interest centry that the mioriteators supplied with this litting does not quality for the exemption stated in Section 1.19.0. (3)(f), notice statutes. I further settly that it 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: