FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mar 06, 1999 8:00 am Secretary of State

	1999 🗼 🚟	DIVISION OF	CORPOR	ATI	ONS	03-06-1999 90041 013 ***150.00
DOCUMENT # P17131 THE SAN FRANCISCO MUSIC BOX COMPANY						
THE OAK	THAIRDIOCOM COOLONA	OOM AN				En compone por crost tande ciona trad esta desta dieni acom albit dieni acom
,					•	
Principal Place	of Business	Mailing Address			•	[BB Ebt (6) 1/8/4 indet sings trat byear droit drait byear drait
233 BROADWAY		ATTN: TAX DEPT				
NEW YORK NY		233 BROADWAY			•	DO NOT WRITE IN THIS SPACE
US		NEW YORK FL 10279			• •	3. Date Incorporated or Qualifed
	• ,	1700				
Principal Place of Business						12/09/1987 4. FEI Number Applied For
21	المالية المناسبة	261 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				94-2625268 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	-	27				5. Certificate of Status Desired Fee Required
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	9. Name and Address of Curren	129	30			Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Italie and Address of Now Registered Agent
CT C	ORPORATION SYSTEM					
1200 S. PINE ISLAND ROAD				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			ļ	83		
						las 7:- Codo
				84 City FL 85 Zip Code		
11. Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the at	DOVE	-named corp	prporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a	authorized	DV	the corporati	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	, , , , , , , ,					
	Signature, typed or printed name of registered agen	,		Agen	nt signature requir	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	<u> </u>				· Ollarige Division
NAME	ARAH, ROOLK N		. 1.2 NA		r +0000000	
STREET ADDRESS	OU BROADWAY			1.3 STREET ADDRESS 1.4 City-St-Zip		
CITY-ST-ZIP TITLE	NEW YORK NY 10279	☐ DELETE	2.1 TIT		1-2112	☐ Change ☐ Addition
	Ab Cooper Dayle C		22 NA			_ , _
NAME STREET ADDRESS	BLESSING, DAVID C 390 N. WIGET LANE				T ADDRESS	-
CITY-ST-ZIP	WALNUT CREEK CA 34598		2. 4 CI			
TITLE	VPT	☐ DELETE	3.1 T/I			☐ Change ☐ Addition
NAME	CANNON, JOHN H		3.2 NA	ME		,
STREET ADDRESS	233 BROADWAY		3.3 ST	REET	T ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10279		3.4. CI	ITY-S	ST-ZIP	
TITLE	S	☐ DELETE	4.1 TT	ΓLE	•	☐ Change ☐ Addition
NAME	CLARKE, SHEILAGH M		4. 2 N	AME		
STREET ADDRESS	233 BROADWAY		4.3 ST	REET	TADDRESS	
CITY-ST-ZIP	NEW YORK NY 10279		4.4 CI		T-ZIP	Charge Addition
TITLE		☐ DELETE	5.1 TTT 5.2 NA			☐ Change ☐ Addition
NAME			-		T ADDRESS	
STREET ADDRESS			5.4 CF			
CITY-ST-ZIP ^S TITLE		☐ DELETE	6.1 TIT		1 - 417	☐ Change ☐ Addition
NAME }			6.2 NA			
STREET ADDRESS					T ADDRESS	

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: Sheilagh M. Clarke And Typed or Printed Name of Signing Officer Or Director

Daytime Phone #