

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 # P17946 (5)

1. Corporation Name

SOCIETY OF PROFESSIONAL AUDIO RECORDING SERVICES
, INC.



Principal Place of Business

Mailing Address

4300 10TH AVE. N.
LAKE WORTH FL 33461-2313

4300 10TH AVE. N.
LAKE WORTH FL 33461-2313

3. Date Incorporated or Qualified
02/09/1988

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 4300 10th Ave N

26 4300 10th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 LAKE WORTH, FL

28 LAKE WORTH, FL

Zip

Country

Zip

Country

24 33461-2313

25 USA

29 33461-2313

30 USA

4. FEI Number
23-2321746

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

10. Name and Address of New Registered Agent

KAYE, SHIRLEY P
4300 10TH AVE., N.
LAKE WORTH FL 33461

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 *Shirley P. Kaye* *SHIRLEY P. KAYE*

2/5/96

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 D ☐ DELETE
NAME MURPHY, LEE
STREET ADDRESS 122 W 88TH ST
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ DELETE
NAME FRY, JOHN
STREET ADDRESS 2000 MADISON AVE
CITY-ST-ZIP MEMPHIS TN 38111

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PRES. JOHN
2.3 STREET ADDRESS FRY, JOHN
2.4 CITY-ST-ZIP 2000 MADISON AVE
MEMPHIS, TN 38111

TITLE D ☐ DELETE
NAME KOBAYASHI, TOM
STREET ADDRESS ONE UNION ST
CITY-ST-ZIP SAN FRANCISCO CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME CHRISTENSEN, PAUL
STREET ADDRESS 7027 TWIN HILLS #5
CITY-ST-ZIP DALLAS TX 75231

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CB ☐ DELETE
NAME SCHWARTZ, HOWARD
STREET ADDRESS 420 LEXINGTON AVE., #1984
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME ED
5.3 STREET ADDRESS GARY LADINSKY
5.4 CITY-ST-ZIP PO BOX 491087
LOS ANGELES, CA 90049

TITLE PT ☐ DELETE
NAME LAWSON, STEVE
STREET ADDRESS 2212 4th AVE
CITY-ST-ZIP SEATTLE WA

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME CB
6.3 STREET ADDRESS LAWSON, STEVE
6.4 CITY-ST-ZIP 2212 4th AVE
SEATTLE, WA 98121

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:

John S. ... PRES

2/2/96 407 641 6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (12/95)