FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P22980** **(7)**

1. Corporation Name

YAMAHA MUSIC FINANCE, INC.

Principal Place of Business	Mailing Address
6600 ORANGETHORPE AVE. BUENA PARK CA 90620	6600 ORANGETHORPE AVE. BUENA PARK CA 90620

3. Date Incorporated or Qualified: **02/14/1989**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **95-2101997** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☐ Change ☒ Addition
NAME	ARIMOTO, MASAHIKO		12 NAME	SADAO FUKUSHIMA	
STREET ADDRESS	6600 ORANGETHORPE AVE.		13 STREET ADDRESS	6600 ORANGETHORPE AVE.	
CITY-ST-ZIP	BUENA PARK CA		14 CITY-ST-ZIP	BUENA PARK, CA. 90620	
TITLE	VD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MILLER, JACK		22 NAME		
STREET ADDRESS	6600 ORANGETHORPE AVE		23 STREET ADDRESS		
CITY-ST-ZIP	BUENA PARK CA		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RYOICHI SHIMANUKI		32 NAME		
STREET ADDRESS	6600 ORANGETHORPE AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	BUENA PARK CA		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	STANGE, ROGER E		42 NAME		
STREET ADDRESS	6600 ORANGETHORPE AVE		43 STREET ADDRESS		
CITY-ST-ZIP	BUENA PARK CA		44 CITY-ST-ZIP		
TITLE	V	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LUTZ, LISA A		52 NAME		
STREET ADDRESS	C/O NATIONSCREDIT - 1105 HAMILTON ST		53 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME			62 NAME	MASAAKI ITO	
STREET ADDRESS			63 STREET ADDRESS	6600 ORANGETHORPE AVE.	
CITY-ST-ZIP			64 CITY-ST-ZIP	BUENA PARK, CA. 90620	

CR2E034 (12/95)

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

SIGNATURE: RYOICHI SHIMANUKI 4/01/96 714)522-9157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #