PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		Sandra B. Secretary DIVISION OF C	TMENT OF STATE . Mortham y of State :ORPORATIONS	_	1997 8:00a ary of State
PCUMENT # P2 reported in Name FESITE RECORDS MAN		(8) PORATION			
pat Place of Business H Street DX 330 Jerica MA 01862	96 HI P.O. (	ing Address GH STREET BOX 330 LLERICA MA 01862-033	30	3. Date Incorporated or Qualified	3a. Date of Last Report
ncipal Place of Business	2a, 1	Aailing Address		01/29/1990 4. FEI Number	01/31/1996
· · · · · · · · · · · · · · · · · · ·	26	~		04-3071673	Not Applicat
ite Apt. # etc	27	luite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional     Fee Required
y & State	28	City & State	■+++++++ + + + + + + + + + + + + + + +	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees
Country 25	2 29		Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
9. Name and Addres THE PRENTICE-HALL COR	ss of Current Registe RPORATION SYSTE		61 Name	10. Name and Address of New Re	gistered Agent
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)
	ions 607,0502 and 607	7.1508, Florida Statute	84 City	rooration submits this statement for the p	FL 85 Zip Code
ursuant to the provisions of Sect frice or registered agent, or both, gent 1 am familiar with, and acce ATURE Stundure, typed or pretor name Of		applicable (NOTE ORS	84 City	rporation submits this statement for the p ation's board of directors. I hereby accep	DATE DATE DATE DATE DATE DATE DATE DATE
Abultiss abulti	of registered agent and title if a	applicable (NOTE	84     City       es, the above-named co authorized by the corpora- orida Statutes.     E: Registered Agent signature req 13.       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS	rporation submits this statement for the p ation's board of directors. I hereby accep ured when reinstating)	FL purpose of changing its registered pt the appointment as registered DATE
ADDRESS SEALARD ACTION ACT	et registered agent and the it ITICERS AND DIRECT B., JR.	applicable (NOTE ORS	84     City       Bs, the above-named co authorized by the corpor- orida Statutes.     Statutes       E: Registered Agent signature req 13.     1.1 TITLE       1.1 TITLE     1.2 NAME	rporation submits this statement for the p ation's board of directors. I hereby accep ured when reinstating)	DATE DATE DATE DATE DATE DATE DATE DATE
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ADDRESS 96 HIGH ST BULLERICA MA CD BUNDY, HARVEY ADDRESS 96 HIGH ST BULLERICA MA CD BUNDY, HARVEY 96 HIGH ST BUNDY, HARVEY 96 HIGH ST BUNDY, HARVEY 96 HIGH ST BUNDY, HARVEY 96 HIGH ST BUNDY, HARVEY 96 HIGH ST	of registered agent and the if a FFICE.RS AND DIRECT B., JR.		84     City       BS, the above-named co pathorized by the corpor- brida Statutes.     City       E: Registered Agent signature req     13.       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY - ST - ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY - ST - ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY - ST - ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY - ST - ZIP       4.1 TITLE     4.2 NAME       4.3 STREET ADDRESS     3.4 CITY - ST - ZIP	rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating) ADDITIONS/CHANGES TO OFFIC	PL     Durpose of changing its registered     DATE     DATE     CERS AND DIRECTORS IN 12     Change Addit     Change Addit
ADDRESS ACDRESS I-ZIP ACDRESS I-ZIP UNIE ACDRESS I-ZIP UNIE ACDRESS I-ZIP UNIE ACDRESS I-ZIP ACDRESS I-ZIP INTERIONAL INTERICONAL INTERIONAL IN	of registered agent and the if a FFICE.RS AND DIRECT B., JR.		84     City       BS, the above-named co pathorized by the corpor- brida Statutes.     City       E: Registered Agent signature req 13.     1.1 TITLE 1.2 NAME       1.3 STREET ADDRESS 1.4 CITY - ST - ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY - ST - ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY - ST - ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY - ST - ZIP       4.1 TITLE       4.2 NAME	rporation submits this statement for the p ation's board of directors. I hereby accep ured when reinstating)	Date         DATE         DERS AND DIRECTORS IN 12         Change       Addit         Change       Addit