

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90104 026 ***150.00

DOCUMENT # P36044

1. Corporation Name
TOP TEN HITS - RECORDS, INC.

Principal Place of Business
**6832 HANGING MOSS RD
UNIT 7
ORLANDO FL 32807
US**

Mailing Address
**6T832 HANGING MOSS RD
UNIT 7
ORLANDO FL 32807
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1991

4. FEI Number
13-3180238

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 729 S. Semoran Blvd.

2a. Mailing Address
26 729 S. Semoran Blvd.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Orlando, FL

City & State
28 Orlando, FL

Zip Country
24 32807 25 US

Zip Country
29 32807 30 US

9. Name and Address of Current Registered Agent

**TORRES, ANA
4426 GLENVIEW LANE
WINTER PARK FL 32792**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DCP**
STREET ADDRESS **TORRES, HECTOR**
CITY-ST-ZIP **1380 YELLOW PINE ST.
WINTER SPRINGS FL**

TITLE ☐ DELETE
NAME **DVC**
STREET ADDRESS **TORRES, ANIBAL**
CITY-ST-ZIP **4426 GLENVIEW LANE
WINTER PARK FL**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **TORRES, ANNA T.**
CITY-ST-ZIP **4426 GLENVIEW LANE
WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA T. TORRES

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)