FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000474 (6)

1. Corporation Name
CRYSTAL CITY MUSIC PALACE INC.

Principal Place of Business	Mailing Address
P.O. BOX 560190 MONTVERDE FL 34756	P.O. BOX 560190 MONTVERDE FL 34756

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3151174 ☐ 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

SILANSKAS, RICHARD M JR
17702 COUNTY ROAD 455
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SILANSKAS, RICHARD M JR	1.2 NAME	
STREET ADDRESS	2525 LAKE GRIFFIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKDY LAKE FL 32159	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SILANSKAS, RICHARD M SR	2.2 NAME	
STREET ADDRESS	17702 COUNTY RD 455	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SILANSKAS, RICHARD M SR	3.2 NAME	
STREET ADDRESS	17702 COUNTY RD 455	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SILANSKAS, RICHARD M SR	4.2 NAME	
STREET ADDRESS	17702 COUNTY RD 455	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SILANSKAS, VINCENT M SR	5.2 NAME	
STREET ADDRESS	17702 COUNTY RD 455	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 1/25/95 (407)656-0217
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0468871 FP