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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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DIVISION OF CORPORATIONS

## P93000025155 (1) DOCUMENT #

WAB NATION RECORDS, INC.

Principal Place of Business Mailing Address 7126 YARLEY WAY 7126 YARLEY WAY TAMPA FL 33647 TAMPA FL 33647

Country

9. Name and Address of Current Registered Agent

25

SPIRITI, JOSEPH A JR. 1001 S BAYSHORE DR

SIGNATURE: 3

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

813-971-7602

☐ No

Yes Yes

Not Applicable

3. Date Incorporated or Qualified 04/02/1993

65-0504231

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

SUITE 2410						
MIAMI FL 33131			83			
			84	City	FI 85 Zip Code	
dd Discount to	Who are delegated to the control of	20 Flanda Tient taan t	<u> </u>	<u></u>		
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 13.						
TITLE	DCEO	DELETE	1.1 TITLE		Change Addition	
NAME	BROOKS, WARREN A		1.2 NAME			
STREET ADDRESS	7126 YARLEY WAY		1.3 STREET	r annocc		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - S		°	
TITLE	P	DELETE	2.1 TITLE	N- AIF	Change Addition	
NAME	FRIESEN, ANTHONY L		2.2 NAME			
STREET ADDRESS	7126 YARLEY WAY		2.3 STREET	ADDRES	ss İ	
CiTY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition	
NAME			3,2 NAME			
STREET ADDRESS		<u>,                                    </u>	3.3 STREET	r addres	is !	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRES	s i	
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		
TITLE	<del></del>	DELETÉ	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
Street address			5.3 STREET	ADDRES	s	
CITY-ST-ZIP			5.4 CITY - S	st-ZIP		
TITLE		DELETE	6.7 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRES	s	
CITY-ST-ZIP			6.4 CITY - S			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(f), 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 cath; 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.						

REQUIRED

Country

81 Name

30