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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036064 (2)**

1. Corporation Name

AMBASSADOR RECORDS, INC.

Principal Place of Business	Mailing Address
645 MAYPORT ROAD STE. E4 ATLANTIC BEACH FL 32233 US	645 MAYPORT ROAD STE. 4-E ATLANTIC BEACH FL 32233 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 160 WEST EVERGREEN AVE	26 160 WEST EVERGREEN AVE
Suite, Apt. #, etc. 22 SUITE 120	Suite, Apt. #, etc. 27 SUITE 120
City & State 23 LONGWOOD FLORIDA	City & State 28 LONGWOOD FLORIDA
Zip / Country 24 32750 / 25 USA	Zip / Country 29 32750 / 30 USA

4. FEI Number: 59-3183655 ☐ 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

O'MALLEY, KEVIN
645 MAYPORT ROAD
SUITE 3C
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: KEVIN O'MALLEY
82 Street Address (P.O. Box Number is Not Acceptable): 160 WEST EVERGREEN AVE SUITE 120
83
84 City: LONGWOOD **FL** 85 Zip Code: 32750

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: Kevin O'Malley KEVIN O'MALLEY 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	O'MALLEY, KEVIN	12 NAME	
STREET ADDRESS	645 MAYPORT RD., STE. 4E	13 STREET ADDRESS	
CITY ST ZIP	ATLANTIC BEACH FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, II G	22 NAME	
STREET ADDRESS	25 GENOVAR STREET	23 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	GIALLUCA, III T	32 NAME	
STREET ADDRESS	25 GENOVAR STREET	33 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	LOOMAN, RANDY	42 NAME	
STREET ADDRESS	25 GENOVAR STREET	43 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	44 CITY ST ZIP	
TITLE	PTSD	51 TITLE	☐ Change ☐ Addition
NAME	HORN, TODD	52 NAME	
STREET ADDRESS	25 GENOVAR STREET	53 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Kevin O'Malley KEVIN O'MALLEY 4/27/95 407-339-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 CP