FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000036064 (2)**

1. Corporation Name

AMBASSADOR RECORDS, INC.

Principal Place of Business	Mailing Address
160 WEST EVERGREEN AVE. SUITE 120 LONGWOOD FL 32750 US	160 WEST EVERGREEN AVE. SUITE 120 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: 05/19/1993	3a. Date of Last Report: 05/01/1995
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	

2. Principal Place of Business	2a. Mailing Address
21 3161 S. ST JOHNS BLUFF RD	26 3161 S ST. JOHNS BLUFF RD
22 Suite Apt. #, etc. 1	27 SUITE 1
23 City & State JACKSONVILLE FL	28 JACKSONVILLE FL
24 Zip 32216 25 Country US	29 32246 30 US

9. Name and Address of Current Registered Agent

O'MALLEY, KEVIN
160 WEST EVERGREEN AVE.
SUITE 120
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: O'MALLEY, KEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 982 OCEAN BLVD
83
84 City: ATLANTIC BEACH FL 85 Zip Code: 32233

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 _____ (New Registered Agent's signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	DV	☑ Change ☐ Addition
NAME	O'MALLEY, KEVIN		1.2 NAME	O'MALLEY, KEVIN	
STREET ADDRESS	645 MAYPORT RD., STE. 4E		1.3 STREET ADDRESS	982 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, II G		2.2 NAME		
STREET ADDRESS	25 GENOVAR STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIALLUCA, III T		3.2 NAME		
STREET ADDRESS	25 GENOVAR STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOOMAN, RANDY		4.2 NAME		
STREET ADDRESS	25 GENOVAR STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	PTSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORN, TODD		5.2 NAME		
STREET ADDRESS	25 GENOVAR STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 4/24/96 904-645-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #