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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3161 S ST. JOHN'S BLUFF RD
SUITE 1
JACKSONVILLE FL 32246
US

Mailing Address

3161 S ST. JOHN'S BLUFF RD
SUITE 1
JACKSONVILLE FL 32246-3741
US

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 645 MAYPORT RD

Suite, Apt. #, etc.

22 SUITE 4C

City & State

23 ATLANTIC BEACH FL

Zip

24 32033

Country

25 US

2a. Mailing Address

26 645 MAYPORT RD

Suite, Apt. #, etc.

27 SUITE 4C

City & State

28 ATLANTIC BEACH FL

Zip

29 32033

Country

30 US

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
982 OCEAN BLVD
SUITE 120
ATLANTIC BEACH FL 32233

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 of the person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV
O'MALLEY, KEVIN
982 OCEAN BLVD.
ATLANTIC BEACH FL

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

VPD
COLEMAN, II G
25 GENOVAR STREET
ST. AUGUSTINE FL

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

VPD
GIALLUCA, III T
25 GENOVAR STREET
ST. AUGUSTINE FL

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

VPD
LOOMAN, RANDY
25 GENOVAR STREET
ST. AUGUSTINE FL

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

PTSD
HORN, TODD
25 GENOVAR STREET
ST. AUGUSTINE FL

☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Kevin O'Malley KEVIN O'MALLEY

2/7/97

904-247-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)