

FILED
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Secretary of State

03-22-1999 90128 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000036064

1. Corporation Name

AMBASSADOR RECORDS, INC.

Principal Place of Business

645 MAYPORT ROAD
STE 4C
ATLANTIC BEACH FL 32233
US

Mailing Address

645 MAYPORT ROAD
STE 4C
ATLANTIC BEACH FL 32233
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/19/1993

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2 Bayview Drive

Suite, Apt. #, etc.

22 St. Augustine, FL

City & State

23 32095

Zip

Country

2a. Mailing Address

26 2 Bayview Drive

Suite, Apt. #, etc.

27 St. Augustine, FL

City & State

28 32095

Zip

Country

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 **Horn, Todd**
82 Street Address (P.O. Box Number is Not Acceptable)
2 Bayview Drive
83
84 City **St. Augustine** **FL** **85 Zip Code** **32095**

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 607.0506, Florida Statutes.

SIGNATURE **Todd Horn**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	DV	O'MALLEY, KEVIN	982 OCEAN BLVD.	ATLANTIC BEACH FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	VPD	COLEMAN, II G	25 GENOVAR STREET	ST. AUGUSTINE FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	VPD	GIALLUCA, III T	25 GENOVAR STREET	ST. AUGUSTINE FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	VPD	LOOMAN, RANDY	25 GENOVAR STREET	ST. AUGUSTINE FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PTSD	HORN, TODD	25 GENOVAR STREET	ST. AUGUSTINE FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Todd Horn, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

(904) 827-1722

Date

Daytime Phone

CR2E034 (11/98)