PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90128 018 ***150.00

1	1999	, DIVISION OF CC	RPORATIONS				
1. Corporatio	MENT # P93000 SADOR RECORDS, INC.	036064	}				
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Principal Ptac	ce of Business	Mailing Address	1.	(1941) 44 (44 (44 (44 (44 (44 (44 (4	14 8510 gpris 95459 into z senie	81177 0-0	
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US		US		3. Date incorporated or Qua	lifed		
	<u> </u>			~ ~-05/19/1993		<u> </u>	-
	Place of Business	2a. Mailing Address	Danista	4. FEI Number 59-3183655	ا مناب المناب المنا	plied For Applicable	
21 Z Bar Suite, Apt.	yview Drive	26 2 Bayview Suite, Apt. #, etc.	DLIAE		_ \$8.75 (
	Augustine, FL	27 St. Augusi	tne. Wi	5. Certificate of Status Desire	Fee Re		
City & Star	te	City & State		6. Election Campaign Financ			-
23 3209		28 32095		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip 31	Country	This corporation owes the Personal Property Tax.	current year Intangible	□No	
24	25 9. Name and Address of Curren		<u> </u>	10. Name and Address of N		5	
			81 Name		هرده مستعمل الشيقي منظور معرب معر		-
O'MALLEY, KEVIN			82 Street A	Horn, Todd Iddress (P.O. Box Number is Not Act	ceotable)		
982 OCEAN BLVD SUITE 120				2 Bayview Drive			
1	ie 120 Antic Beach FL 32233		83			Ì	
AID	ANNO DEACH PL 32233		84 City	Ct. Assessed as	FL 85 Zip (Code 095	
L				St. Augustine	[L] 32	092	
44 Dumumut	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-named o	omoration submits this statement for	the purpose of changing its	registered	
11. Pursuant office or	t to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was authors of Section 607.0506. Florid	the above-named on norized by the corporal Statutes	orporation submits this statement for ration's board of directors. I hereby a	the purpose of changing its iccept the appointment as re-	registered gistered	
		12 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	, the above-named of norized by the corporal a Statutes.	orporation submits this statement for ration's board of directors. I hereby a	3/9/99	registered gistered	
SIGNATURE	Todd Horn I'd	nt and title if applicable. (NOTE: Re	gistered Agent signature re-	Quired when rematating)	3/9/99 DATE	}	8
SIGNATURE	Signeture, typed or printed name of registered ages OFFICERS AN	nt and title II applicable. (NOTE: Re	gistered Agent signature re-	Quired when rematating)	0 OFFICERS AND DIRECTO	}	11/98)
SIGNATURE 12.	Signature, hyped or priviled name of registered ages OFFICERS AN	nt and title if applicable. (NOTE: Re	gistered Agent signature re- 13. 1.1 TITLE	Quired when rematating)	3/9/99 DATE	}	4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or privated names of registered again OFFICERS AN DV O'MALLEY, KEVIN	nt and title II applicable. (NOTE: Re	opistered Agent signature rec 13. 1.1 TITLE 1.2 NAME	Quired when rematating)	0 OFFICERS AND DIRECTO	}	5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, hybrid or princed name of registrated again OFFICERS AN DV O'MALLEY, KEVIN 982 OCEAN BLVD.	nt and title II applicable. (NOTE: Re	gistered Agent signature re- 13. 1.1 TITLE	Quired when rematating)	0 OFFICERS AND DIRECTO	}	R2E034 (11/98)
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14. hereby certify that the information supplied with this filing does not qualify for 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 as attachment with an address, with all other like empowered.

SIGNATURE:

Todd Horn President Collection

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNAND OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNAND OFFICER OR DIRECTOR

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1121