

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000038808 (0)

1. Corporation Name

VESTED INTEREST MUSIC, INC.



Principal Place of Business

Mailing Address

958 VILLAGE TRAIL  
805  
PORT ORANGE FL 32127  
US

P O BOX 8068  
FT LAUDERDALE FL 33310-8068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

4. FEI Number

65-0414214

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3110 N.W. 88 AVE

Suite, Apt. #, etc.

22 Suite 208

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 P.O. Box 8303

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, MIGUEL A  
958 VILLAGE TRAIL  
#805  
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3110 N.W. 88 AVE

83 Suite 208

84 City

2 Sunrise

FL

85 Zip Code

33351

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

*Miguel A. Fernandez*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE

P  
NAME FERNANDEZ, MIGUEL A  
STREET ADDRESS 958 VILLAGE TRAIL, #805  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE

V  
NAME HARTLINE, NANCY J  
STREET ADDRESS 958 VILLAGE TRAIL, #06  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3110 N.W. 88 AVE, Suite 208  
2 Sunrise, FL 33351

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3110 N.W. 88 AVE, Suite 208  
Sunrise, FL 33351

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

*Miguel A. Fernandez*

4/27/98

954-486-9656

CR2E034 (10/97)