Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90082 018 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT:	# P9300004300	5
1 Cornoration Name		_

ZEPHYR MUSIC PRODUCTION, INC.

Principal Place of Business 108 OAKWOOD VILLAGE CIRCLE DAYTONA BEACH FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address P.O. BOXC 10451

2a. Mailing Address

City & State

26

27

PIOI BOX

Suite, Apt. #, etc.

DAYTONA BEAH FL 32120

3. Date Incorporated or Qualifed

06/17/1993

59-3190705

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28 DAYTOMA K	SEAC	H, FL.	Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip _	Country		8. This corporation owes the current year	Intangible	_/
24	25	29 32120 3		SIA	Personal Property Tax.	Yes	[⊉No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
	ITHARP, PAUL M JR		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	CYPRESS POINT PARKWAY		02	Jucot Addie			
SUIT			83				
Pali	M COAST FL 32137				<u></u>	05 7	p Code
			84	City	F	L 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the abov	e-named corpo	ration submits this statement for the purpose	of changing	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	nonzed by	the corporation	n's board of directors. I hereby accept the app	ointment as	registered
agent. i a	im lamiliar with, and accept the obliga	mons of, Section 607.0305, Floric	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	tegistered Age	nt signature required	when reinstating) DATE	_	 '
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			Chang	e 🔲 Addition
NAME	KOLBY, ALAN		1.2 NAME				
STREET ADDRESS	DO DOV 404E4 NVA		1.3 STREE	T ADDRESS			l l
	DAYTONA BEACH FL		1.4 CITY-S				
CITY-ST-ZIP	5,11,10,11,10,2,10,11,10	☐ DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME			2.2 NAME	ĺ			
STREET ADDRESS	}			T ADDRESS			I
	1	_	2. 4 CITY-		nies. Simmer and a single size		
CITY-ST-ZIP -	- /	DELETE	3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chang	je 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS	1			TADORESS			
			3.4. CITY-1				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	91-CI		Chang	ge Addition
NAME			4. 2 NAME			_ •	_
{	1		4	T ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-21		☐ Chang	e Addition
		00001C	5.2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS	il						
l			54 CITY-5	T- 71P			
CITY-ST-ZIP		□ nei ere	5.4 CITY-S 6.1 TITLE	T-ZIP		Chanc	e Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		☐ Chang	ge Addition

10451

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRÉSS

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR