

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000046718 (1)

1. Corporation Name

Musica, Inc. I

Principal Place of Business

440 Royal Palm Way
Suite 200
Palm Beach, FL
33480

Mailing Address

440 Royal Palm Way
Suite 200
Palm Beach, FL
33480

3. Date Incorporated or Qualified
07/01/93

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0528780

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 19.10(3)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

L. Frank Chopin

440 Royal Palm Way

Suite 200

Palm Beach, FL

33480

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 (Typed or Printed Name of Registered Agent and Date of Appointment)

(Typed or Printed Name of Registered Agent and Date of Appointment)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D/P/S
NAME L. Frank Chopin
STREET ADDRESS 440 Royal Palm Way, Suite 200
CITY, ST, ZIP Palm Beach, FL 33480

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 shareholder 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Frank Chopin

(407)655-9500

56 3-8-96

CR2E034 (12/95)