FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000048305 (5)**

1. Corporation Name

PHISST RECORDS CORPORATION

Principal Place of Business	Mailing Address
2038 NW 3RD AVE GAINESVILLE FL 32603 US	P.O. BOX 14481 GAINESVILLE FL 32604

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 02/15/1995

2. Principal Place of Business
21 12 W. UNIVERSITY AVE
Suite, Apt. #, etc.
22 205
City & State
23 Gainesville FL
Zip 24 32601 Country 25 MACHUA

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3190435 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAY, AARON
2250 W UNIVERSITY AVE
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name: GEORGE TELEGADIS
82 Street Address (P.O. Box Number is Not Acceptable): 2038 NW 3 AV
83
84 City: GAINESVILLE FL 85 Zip Code: 32603

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: AGENT FOR PHISST RECORDS CORP. DATE: 4/30/96
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TELEGADIS GEORGE		1.2 NAME		
STREET ADDRESS	2038 NW 3RD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32603		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AARON RAY		2.2 NAME		
STREET ADDRESS	2250 W UNIVERSITY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GIANESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AARON RAY		3.2 NAME		
STREET ADDRESS	2250 W UNIVERSITY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GIANESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TELEGADIS, GEORGE		4.2 NAME		
STREET ADDRESS	2038 N.W. 3RD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GIANESVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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5/11/96

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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 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: GEORGE TELEGADIS, PRESIDENT 4/30/96 352-378-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #