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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052913 (9)

ABI MUSIC GROUP, INC.

Princi	pal	Place	of	Business	
-					

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



100 W. LIVINGSTON ST. OFLANDO FL 32801		100 W. LIVINGSTON ST. ORLANDO FL 32801-1523	100 W. LIVINGSTON ST. ORLANDO FL 32801-1523					
					3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last I	·	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For	
21		26	26		59-3193939	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			6. Certificate of Status Desired Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30 Florida Statutes Yes No					
 	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Reg	Istered Agent		
	MÉNING, W. A II		l°	i Name				
100 W. LIVINGSTON ST			82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801			_					
			8	31			,	
			8	4 City		85 Zip	Code	
44 5	4	00 1 007 4000 Ft- 11- 0		1		FL ["]		
11. Pursuant to	to the provisions of Sections 607.050 agistered agent, or both, in the State	02 and 607.1508, Florida Statut o of Florida, Such change was :	es, the abo authorized l	ve-named cor by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	urpose of changing I the appointment a	its registered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.	·		,	
SIGNATURE			 		uired when reinstaling)	DATE		
Signature, typod or printed name of registered againt and little if applicable (NOTI 12. OFFICERS AND DIRECTORS		13,	Geni signature redi	ADDITIONS/CHANGES TO OFFICE		RS IN 12		
TITLE	D	☐ DELETE	1.1 7111.1			☐ Change	(
NAME	HARMENING, W. A. II		1.2 NAM			-	[]	
STREET ADDRESS	457 SEYMOUR AVE		1.3 STRE	ET ADDRESS			į	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY	\			15	
TITLE	D	DELETE	2.1 1lTt8			☐ Change	Addition C	
NAME LOCKE, JOHN			2.2 NAM				-	
STREET ADDRESS 1891 WINCHESTER DR.			2.3 STRE	E1 ADDRESS			İ	
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 0111	-ST-ZIP			į	
TITLE		DELETE	3.1 11111			Change	Addition	
NAME			3.2 NAM	ī l				
STREET ADDRESS			3.3 STRE	ET ADDRESS			ì	
CITY-ST-ZIP			3,4, C(1)	- \$1; ZIP				
TITLE		☐ DELETE	4.1 TITU			Change	☐ Addition	
NAME			4. 2 NAN	IE .				
STREET ADDRESS			4 3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5.1 1ITLE			☐ Change	Addition	
NAME			5.2 NAM	ī ļ				
STREET ADDRESS			5.3 STRE	E1 ADDRESS			-	
CITY-ST-ZIP			5.4 C/1Y	- S1 - Z(P				
TITLE		☐ DELETE	6.1 HTLE			☐ Change	Addition	
NAME			6.2 NAM	f	*			
STREET ADDRESS			6.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST-7IP				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Efurther 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 am an officer or director of the corporation or the receiver, or truster 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 or many analysis and that my name and reserved to execute this report as required by Chapter 607, Florida Statutes; and that my name