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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000063610 (8)

1. Corporation Name
SPOT RECORDS, INC.

Principal Place of Business	Mailing Address
12080 KELLY GREENS BLVD. #124 FT. MYERS FL 33908	P.O. BOX 61248 FT. MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/15/1993	06/15/1994

2. Principal Place of Business	2a. Mailing Address
21 1400 Colonial Blvd.	26
Suite, Apt. #, etc. 22 #17	Suite, Apt. #, etc. 27
City & State 23 Fort Myers FL	City & State 28
Zip / Country 24 33907 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0440446 ☐ 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	10. Name and Address of New Registered Agent
PERWIN, JEAN S 25 S.E. 2ND AVE. SUITE 623 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of 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	11 TITLE	P/T	☒ Change ☐ Addition
NAME	ALBION, JAMES	12 NAME		
STREET ADDRESS	P.O. BOX 61248 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33906	14 CITY-ST-ZIP		
TITLE		21 TITLE	V	☐ Change ☒ Addition
NAME		22 NAME	ALBION, MICHELE	
STREET ADDRESS		23 STREET ADDRESS	P.O. BOX 61248 N/A	
CITY-ST-ZIP		24 CITY-ST-ZIP	FT. MYERS FL 33906	
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	ROSANTI, JAMES	
STREET ADDRESS		33 STREET ADDRESS	P.O. BOX 303 N/A	
CITY-ST-ZIP		34 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	WALKER, HAMP	
STREET ADDRESS		43 STREET ADDRESS	4060 FORT SIMMONS AVE.	
CITY-ST-ZIP		44 CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: James J. Albion JAMES J. ALBION 4/28/95 (813) 466-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040000 FP