

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000075035 (4)

1. Corporation Name

SCREAMING CLOCK MUSIC, INC.

FILED

95 AUG -8 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address
 P.O. BOX 590 P.O. BOX 590
 ELFERS FL 34680 ELFERS FL 34680

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 10/25/1993 08/15/1994
 4. FEI Number Applied For
 59-3210557 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required
 6. Election Campaign Financing ☐ \$5.00 May Be
 Trust Fund Contribution Added to Fees
 7. This corporation has liability for earnings tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRESTON, DAVID
6811 RUNNER DR.
NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	PRESTON, DAVID
STREET ADDRESS	6811 RUNNER DR.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/ALL OFFICERS	☒ Change ☐ Addition
12 NAME	DAVID PRESTON	
13 STREET ADDRESS	9110 ST. REGIS LN	
14 CITY - ST - ZIP	PORT RICHEY, FL 34668	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(b), 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 as an attachment with an address.

SIGNATURE:

[Signature] DAVID PRESTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/95 913-938-0874
 Date Chapter Number

CR2E034 (3/95)