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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90199 009 ***150.00

FILED

DOCUMENT # P93000076223

ELYSIAN MUSIC CORPORATION

Principal Place of Business Mailing Address							i emarimor erm (menn bette muset motte matte motte	: :##!# #!!!# {!#!	18 (1888)()) (88)	
301 YAMATO RD 301 YAMATO RD							•			
BOCA RATON FL 33431 SUITE 2215***********************************			******							
US BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed					
							11/03/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For		
21		\vdash	26				.65-0451392	N	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	\$8.75	Additional	
22	., -10	27					5. Certificate of Status Desired	Fee R	teguired	
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country			8. This corporation owes the current year fr	ntangible		
24	25 29 30					Personal Property Tax.				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered	i Agent		
					Name		·		1	
MERBAUM, NEAL				82	Street	reet Address (P.O. Box Number is Not Acceptable)				
301 YAMATO RD										
SUITE 2215			83			•				
BOCA RATON FL 33431				84	City		<u> </u>	85 Zip	Code	
					•		<u>Fi</u>			
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 reinstating) DATE										
	Signature, typed or printed name of registered agent a		(NOTE: Rep		t signature n	required wh		NO DIDECT	ODE IN 12	
12.	OFFICERS AND		DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	DPST	ليا	DELETE	1.1 TITLE		l			,	
NAME	HENRY, JOHN W			1.2 NAME		1			j	
STREET ADDRESS	301 YAMATO RD, SUITE 2215			1.3 STREET	ADDRESS				ĺ	
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST	- ZIP	1,	Vice President	Mohare	Addition	
TITLE	VP □ DELETE 2.1T		2.1 TITLE	Ì	Executive Vice President		Change	T Wagnon		
NAME	MERBAUM, NEAL			2.2 NAME						
STREET ADDRESS	301 YAMATO RD, SUITE 2215 2.3 \$			2.3 STREET	3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP		1,,,,,,,	President & Managing Director	_==-			
TITLE	☐ DELETÉ 3.1 T		J.I IIILL		1	- 	Change	Addition		
NAME				3.2 NAME	i		inique Flores	*		
STREET ADDRESS				3.3 STREET	ADDRESS	,	Yamato Road, Suite 2215		Ì	
CITY-ST-ZIP				3.4 CITY-S	T-ZIP	Boca	Raton, FL 33431	<u> </u>		
TITLE			DELETE	4.1 TITLE		1		Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS	-			4.3 STREET	ADDRESS				Į	
CITY-ST-ZIP				4.4 CITY-ST	r- <i>Z</i> :P				j	
TITLE			DELETE	5.1 TITLE				Change	☐ Addition	
NAME		_		5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
OTALET ADDRESS				5.4 CITY-S1	r- 71 P	1.				

14. I hereby certify that the information supplied with this filing 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 a director of the corporation of the corpor

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

119 / GG 561-2411-04136
Date Dayline Phone #

☐ Change

☐ Addition

CR2E034 (11/98)