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 # P9400004718 (0)

THE ROCK MUSIC AND VIDEOS, INC.

FILED

Apr 30 1997 8:00am

Secretary of State

Principal Place of Business 14333 BEACH BLVD. #26 JACKSONVILLE FL 32250 US		Mailing Address 14333 BEACH BLVD. #26 JACKSONVILLE FL 32250-1573 US		3. Date Incorporated or Qualified \$a. Date of Last Report 01/20/1994 04/26/1996			
2. Principal Pia		2a. Mailing Address			4. FEI Number		olied For
21 11000 Beach Boulevard		26 11000 Beach Boulevard Suite, Apt. #, etc.		¢0.75 Addition		Applicable	
Suite Apt #, etc.		27		5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		Mav Be	
23 Jacks	onville, FL	28 Jacksonville, FL		FL	Trust Fund Contribution	Added to	
Zip 46	Country	Zip 46			l ACT	bitity for intangible tax under s. 199.032,	
24 322 50	9. Name and Address of Current	29 322 50	30 Du	val	Florida Statutes 10. Name and Address of New Reg		
BUL		vedistalan whalit		81 Name	10. Italia alla Addiesa di Itaa Aog	Instance villatif	
BOHN, CINDY B. CPA 3560 South Third St							
225 WATER STREET -				82 Street Addr	ress (P.O. Box Number is Not Acceptabl	e)	
JACKSONVILLE FL 32250				83			
	, , , , , , , , , , , , , , , , , , ,			94 (0)		85 Zip C	'edo
				84 City		FL 85 Zip C	,oue
11. Pursuant to office or repagent. Lam SIGNATURE	the provisions of Sections 607.0502 gistered agent, or both, in the State of Tamiliar with, and accept the obligat	and 607,1508, Florida Statu If Florida Such change was ions of, Section 607.0505, F	ites, the a authorize Iorida Sta	bove-named corp d by the corporat tutes.	poration submits this statement for the pution's board of directors. I hereby accept	irpose of changing its the appointment as	registered registered
5	greature, typed or painted name of registered agent			d Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	C ILI 40
12.	PST OFFICERS AND	DELETE	13.	T. F.	ADDITIONS/CHANGES TO OFFICE	Change	Addition
Ditte NAME	BROOKS, ESTHER A	[] btrrit	1.1 TO 1.2 N			Origingo	Addition
STREET ADDRESS	4389 PORT ARTHUR RD		1	FREET ADDRESS			
CHY - ST - ZIP	JACKSONVILLE FL			TY-ST-ZIP			
TIFLE	VP	DELETE	2 1 TI			☐ Change	Addition
NAM	BROOKS, RONALD A		22 N	AME			
STREET ANDRESS	4389 PORT ARTHUR RD		2.3 \$	TREET ADDRESS			
(311Y - \$1 - 74P	JACKSONVILLE FL		2 4 0	ITY-SY-ZIP			
THEE	VP	DELETE	3.1 Ti	1		L Change	Addition
NAM:	BROOKS, CHRISTOPHER R		3.2 N				
STREET ADDRESS	4389 PORT ARTHUR RD JACKSONVILLE FL			TREET ADDRESS			
Caly - ST - 7IP	UNUNDUITVILLE FL	☐ DELETE	3.4 (4.1 Ti	TITY-ST-ZIP		Change	Addition
NAMe			4.1 11	1		Em Change	
STREET ADDRESS				TREET ADDRESS	,		
CHY-ST-ZIP				TY-ST-ZIP			
illtí		DELETE	5.1 T			☐ Change	Addition
N4Ms			5.2 N	AME			
STREET ADDIGESS			5.3 \$	TREET ADDRESS			
City - ST. ZIP			5.4 C	ITY-ST-ZIP			
TIFLE		☐ DELETE	6.1 T	TLE		☐ Change	Addition
NAV1			6.2 N	ı			
STREET ADDRESS			6.3 \$	TREET ADDRESS			
CHY-S' 70°			6.4 C	ITY-ST-ZIP	dis Cartin 440 07/09/5 Florido Chabana	1 5	

4. Eductore 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 an address.

SIGNATURE:

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Description Priorite

Description Officer OR DIRECTOR