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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400048046 (4)

AMERICAN MUSIC LEAGUE, INC.

ORLANDO FL 32810

Principal Place of Business Mailing Address								
8325 N. ORJ SUITE A137 ORLANDO F		6325 N. ORANGE BLOSSOM TRAIL SUITE A137 ORLANDO FL 32810-4222						
-					3. Date Incorporated or Qualified 06/23/1994	t	of Last Report /1996	
2. Principa	I Place of Business	2a. Mailing Ad	dress		:	4. FEI Number		Applied For
21		26			59-3253389		Not Applicable	
Suite, A	pt #, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & S	State	City & Stat	e			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ _Ι ρ 29	30	ountry		This corporation has liability for Florida Statutes	intangible ta	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Ag	ent
MASSE, JOHN 6325 N. ORANGE BLOSSOM TRAIL SUITE A137					Name Street Address (P.O. Box Number is Not Acceptable)			

		84	City	FL 85 Zip Code						
11. Pursuant	to the provisions of sections 607.0502 of 607.1508, Florida Ste	atutes, the above	-named corp							
11. Pursuant to the provisions of Jections 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 Brate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm familiar with any too provide the corporation of providing the corporation of the c										
SIGNATURE Stignature Type for contest cause of the metted appearant bills if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
12,	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TIME	DELETE DELETE	1.1 TITLE		Change Addition						
NAME	MASSE, JOHN	1.2 NAME								
STREET ADDRESS	2120 WOOD BRIDGE RD.	1.3 STREET /	ADDRESS							
CHY+ST+ZIP	LONGWOOD FL 32779	1.4 CITY-ST	- ZIP							
THE	D DELETE	21 TITLE	1	Change Addition						
NAME	ZOLNAI, FRANKLIN C.E.O.	2.2 NAME								
STREET ACURESS	6325 N. ORANGE BLOSSOM TRAIL, SUITE A137	2.3 STREET /	ADDRESS							
CHY-ST-7IP	ORLANDO FL 32810	2. 4 CITY-S	T-ZIP							
TITLE	☐ DELETE	3.1 TATLE		Change Addition						
NAME		3.2 NAME	ł							
STREET ADDRESS		3.3 STREET	ADDRESS							
CITY-ST ZIP		3.4. CITY - S	T · ZIP	·						
11116	☐ DELETE	4.1 TITLE		Change Addition						
NAME .		4. 2 NAME								
STREET ADDRESS		4.3 STREET	ADDRESS							
CITY-SI-ZIP		4.4 CITY - ST	- ZIP							
1111	☐ DELETE	51 TITLE	1	☐ Change ☐ Addition						
NAME		5.2 NAME								
STREET ADDRESS		53 STREET	ADDRESS							
CHY-ST 7IP		5.4 CITY-ST	-ZIP							
1171.6	DELETE	6.1 TITLE	Į	Change Addition						
NAME		62 NAME								
STREET ADDRESS		6.3 STREET	address	1						
CHY-S(-7IP	d And the letter at a self-straight this filter straight	6.4 CITY - ST		d is Coaling (40 07/2V). Florido Caste tag. Liuthor confituethat the						

14. For 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 of the receiver on trustee empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name approach in Block 12 or Block 13 iLoranged, or on an attachment with an approach.

SIGNATURE:

HE AND TYPED OH BAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 578 LOS

FILED

May 08 1997 8:00am

Secretary of State

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