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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000054123 (2)

**DUTCH UNCLE MUSIC, INC.** 

**FILED** May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			IIS NOTEL OTIN OLODI TININ ILODO EIFF IBOT	
958 VILLAGE TRAIL P.O. BOX 8068 SUITE 605 FT. LAUDERDALE FL 33310-8068 PORT ORANGE FL 32127			<b>80</b> 68		IN THIS SPACE	
US				3. Date Incorporated or Qualified 07/20/1994		
2. Principal Pi 21 3 110	n. w. 88 AVE	2a. Mailing Address 26 P.O. Gay 8	303	4. FEI Number 65-0507462	Applied For Not Applicable	
Suite, Apt. 6 22 208	<b>&gt;</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	UN RISE, FL	City & State  28 Ft. Laudedal	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible	
24 3333		29 33310-8303 30	USA	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
FERNANDEZ, MIGUEL A 81 N						
958 VILLAGE TRAIL			82 Street A			
SUITE 605			3119	1.3110 N.W. 88 AVE		
POI	RT ORANGE FL 32127		83 500	te 208	İ	
					85 Zip Code	
			84 City Sun	rise	FL 33351	
11. Pursuant to the provisions of Socialis 507,0502 and 507,1508, Florida Statutos, 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. Thereby accept the appointment as registered						
agent. I am familia/ with/and accipit the obligations of, Section 607.0505, Florida Statutes						
SIGNATURE Signature, typally prefer benefit in the dispersion and blind applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12,	Signature, type the partied name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TOTLE	7.001101107011711020 70 01110	Change Addition	
NAME	FERNANDEZ, MIGUEL A	_	1.2 NAME			
STREET ADDRESS	958 VILLAGE TRAIL #605		1.3 STREET ADDRESS	3110 n.w. 88 AVE, 3	iuste 208	
CITY-ST-ZIP	PT ORANGE FL		1.4 CITY-ST-ZIP	Sunrise, FL 33351		
TITLE	VP	DELETE	2.1 TITLE		Change Addition	
NAME	HARTLINE, NANCY		2.2 NAME	~~ .		
STREET ADDRESS	958 VILLAGE TRAIL #605		2.3 STREET ADDRESS	3110 U.M. 88 4	IVE, Suite 208	
CITY-ST-ZIP	PT ORANGE FL		2. 4 CITY-ST-ZIP	3110 n.w. 88 A SUNCISE, FL 3335	1	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		L.J DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DECETE	5.4 CITY-ST-ZIP		Obassa Plantin	
TITLE		☐ DELETE	6.1 TITLE		: Change    Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	d in Section 119 07/3Vi). Florida Statutes 1		

receipt certify that the information supplied with this filling ooes not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.