FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State | |

ISION OF CORPORATIONS

1996		Se DIVISION	oretary
DOCUMENT # 1. Corporation Name	P9400007	6825	(6)
INDEPENDENT MUS	SIC SERVICES, INC.		



	1236 TAYLOR ST HOLLYWOOD FL 33019	1236 TAYLOR HOLLYWOOD I							
						3.	Date Incorporated or Qualified	3a . Da	te of Last Report
						L	10/17/1994	1	05/01/1995
2.	Principal Place of Business	2a. Mailing Addres	55			4.	FEI Number		Applied For
21		26					65-0539854		Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, 6	eto			5.	Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State	City & State					Flection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip Country	Zip 29	Со. 30	intry		8.	This corporation has liability for Florida Statutes	intangible No	tax unider sil 199.032,
L	9 Name and Address of Curre	ent Registered Agent		T		10.	Name and Address of New F	egistere	d Agent
•				81	Name			.,	
ESTES, JAMES W 1236 TAYLOR ST HOLLYWOOD FL 33019		82 Street Address (P.O. Box Number is Not Acceptable)							
				83					
				84	City			F	85 Zip Code
11	Pursuant to the provisions of Sections 607 050	12 and 607 1508 Elorida	Statutes, the abo	ı—ı ⊃ve⊹r	iamed corpora	ation s	abmits this statement for the pur	rpase of a	hanging its registered office

Pulsuant to the provisions of Sections 607.0502 and 607.1506, Fornia statistics the above harried corporation's solution statistics and the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes

SIGNATURE _	By atire, typed or protesti alter of relistere tiagnotia al the	it as a vietne (INC)	TE TExpoterial Agent signature response	when tendang) DATE
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TIFLE	Change Addition
NAME	ESTES, JAMES W		1.2 NAME	
STREET ADDRESS	1236 TAYLOR ST		1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019		1.4 CITY - ST - ZIP	
titie	D	DELETE	2 1 TITLE	Change Addition
NAME	ESTES, ROSEMARY		2.2 NAME	
STREET ADDRESS	1236 TAYLOR ST		2.3 STREET ADDRESS	
C-TY-ST-ZIP	HOLLYWOOD FL 33019		2.4 City - \$1 - 2iP	
TITLE		DELETÉ	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STHEET ADDRESS			3.3 STREET AODRESS	
CITY - ST-ZIP			3.4 City - St - ZiP	
TITLE		☐ DELETE	4 1 TIFLE	Change Addition
NAME			4.2 NAMÉ	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIF			4.4.CITY - \$1 - ZIP	
TITLE		☐ DELFIE	5 1 T ILF	Change Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY+S!+Z:P			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 THILE	Change Addition
NAME			6 ž NAMÍ	
STREET ADDRESS			6.3 STREET AUDRESS	
CITY+ST-ZIP			6.4 CITY - ST - ZIF	Colon 140 07/0/12 Florida Cast tra Lindbox

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)(k), Florida Statutes. Hurther 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 of director of the curporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13 changer, or on an attachment with an address

SIGNATURE:

BIGNATURE AND TYPED ON HAINTED NAME OF SIGNING OFFICER OR DIRECTOR