FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077900 (6)**

1. Corporation Name
O'MALLEY ARTIST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
645 MAYPORT ROAD SUITE 4E ATLANTIC BEACH FL 32233	645 MAYPORT ROAD SUITE 4E ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 160 WEST EVERGREEN AVE
Suite, Apt. #, etc.
22 SUITE #120
City & State
23 LONGWOOD, FLORIDA
Zip 24 32750 County 25 SEMINOLE

2a. Mailing Address
26 160 WEST EVERGREEN AVE
Suite, Apt. #, etc.
27 SUITE #120
City & State
28 LONGWOOD FLORIDA
Zip 29 32750 County 30 SEMINOLE

4. FEI Number: 59-3304676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'MALLEY, KEVIN
645 MAYPORT ROAD SUITE 4E
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: O'MALLEY, KEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 160 WEST EVERGREEN AVE SUITE #120
83
84 City: LONGWOOD FL 85 Zip Code: 32750

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: Kevin O'Malley KEVIN O'MALLEY 4/27/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT + DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	KEVIN O'MALLEY	12 NAME	
STREET ADDRESS	160 WEST EVERGREEN AVE #120	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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. 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: Kevin O'Malley KEVIN O'MALLEY 4/27/95 407-339-9088
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0019000 CP