

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000077900 (6)

1. Corporation Name

O'MALLEY ARTIST MANAGEMENT, INC.



Principal Place of Business

160 WEST EVERGREEN AVE.  
SUITE 120  
LONGWOOD FL 32750  
US

Mailing Address

160 WEST EVERGREEN AVE.  
SUITE 120  
LONGWOOD FL 32750  
US

3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3161 S ST. JOHNS BLUFF RD

26 3161 S ST. JOHNS BLUFF RD

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 SUITE 1

27 SUITE 1

23 JACKSONVILLE FL

28 JACKSONVILLE FL

24 32246 25 US

29 32246 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'MALLEY, KEVIN  
160 WEST EVERGREEN AVE.  
SUITE 120  
LONGWOOD FL 32750

81 Name

O'MALLEY, KEVIN

82 Street Address (P.O. Box Number is Not Acceptable)

982 OCEAN BLVD

83

84 City

ATLANTIC BEACH

FL

85 Zip Code

32233

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME O'MALLEY, KEVIN  
STREET ADDRESS 160 WEST EVERGREEN AVE., #120  
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

1.1 TITLE PD  
1.2 NAME O'MALLEY, KEVIN  
1.3 STREET ADDRESS 982 OCEAN BLVD  
1.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

904-645-5587

Daytime Phone #

CR2E034 (12/95)