

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000083326 (6)**

1. Corporation Name

**CREATIVE MUSIC RECORDINGS, INC.**



Principal Place of Business

11420 FORTUNE CIRCLE  
SUITE 1-17  
W. PALM BEACH FL 33414  
US

Mailing Address

2224 LAS CASITAS DRIVE  
WEST PALM BEACH FL 33414

2. Principal Place of Business

21 11420 FORTUNE CIRCLE  
22 I-17  
23 WELLINGTON, FL  
24 33414  
25 P.B.

2a. Mailing Address

27 11420 FORTUNE CIRCLE  
28 WELLINGTON, FL  
29 33414  
30 P.B.

3. Date Incorporated or Qualified  
**11/10/1994**

3a. Date of Last Report  
**07/11/1995**

4. FFL Number  
**65-0540022**

Applied For  
Not Applicable

5. Certificate of Status Declared

**\$8.75** Additional Fee Required

6. Electronic Corporate Filings  
True/False

**\$5.00** May Be Added to Fees

8. This corporation is liable for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

**HERNANDEZ, JORGE E. ESQ.  
LAW OFFICES OF JORGE E. HERNANDEZ, P.A.  
311 GRANELLO AVENUE  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1504, Florida Statutes, the above named corporation hereby certifies 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Florida Statutes.

SIGNATURE

*M. K. Seit* PRESIDENT

3-27-96

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIT, MARILYN</b>	
STREET ADDRESS	<b>2224 LAS CASITAS DRIVE</b>	
CITY-STATE-ZIP	<b>WEST PALM BEACH FL 33414</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
7. STREET ADDRESS	
7. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary 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 supplementary 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 a member 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.

SIGNATURE:

*M. K. Seit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

407-798 0423

CR2E034 (12/95)