


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

FILED

May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000083326</b> 1. Corporation Name <b>CREATIVE MUSIC RECORDINGS INC.</b>			
Principal Place of Business <b>-11420 Fortuna Cir Suite I-17 WELLINGTON, FL 33414</b>		Mailing Address	
2. Principal Place of Business 21 <b>11420 Fortuna Cir Suite I-17</b>		2a. Mailing Address 26 <b>11420 Fortuna Cir Suite I-17</b>	
22 <b>WELLINGTON, FL</b>		27 <b>WELLINGTON, FL</b>	
23 <b>33414</b>		28 <b>33414</b>	
24 <b>FL</b>		29 <b>FL</b>	
25 <b>PB</b>		30 <b>PB</b>	
9. Name and Address of Current Registered Agent			
10. Name and Address of New Registered Agent			
81 Name <b>MARILYN K SIKS</b>			
82 Street Address (P.O. Box Number is Not Acceptable) <b>2224 LAS CASITAS DR</b>			
83 <b>WELLINGTON</b>			
84 City <b>FL</b> 85 <b>33414</b>			
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 <b>M-L-K</b> (NOTE: Registered Agent signature required when reinstating)			
12. PRESIDENT AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>M-L-K</b> 4/27/98 561-798-8990			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)