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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90183 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000083326**

1. Corporation Name
CREATIVE MUSIC RECORDINGS, INC.



Principal Place of Business
 11420 FORTUNE CIRCLE
 SUITE 1-17
 WELLINGTON FL 33414
 US

Mailing Address
 11420 FORTUNE CIRCLE
 SUITE 1-17
 WELLINGTON FL 33414
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1994

4. FEI Number
65-0540022

Applied For
 Yes
 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
MARILYN K SEITS
2224 LAS CASITAS DR.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name **MARILYN K SEITS**

82 Street Address (P.O. Bdx Number is Not Acceptable)
2214 ALLEN CREEK RD

83 City **WEST PALM BEACH FL** 85 Zip Code **33411**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P SEITS, MARILYN**
 STREET ADDRESS **2224 LAS CASITAS DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **SEITS, MARILYN**
 1.3 STREET ADDRESS **2214 ALLEN CREEK RD**
 1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

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

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

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

6.1 TITLE Change 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 in an attachment with an address, with all other like empowered.

SIGNATURE: **MARILYN K SEITS** (Signature Required) 4-17-99 561-798-8990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)