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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary.of.State DIVISION OF CORPORATIONS

DOCUMENT # P94000085379

1. Corporation Name

PROLIFIC RECORDS, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90068 010 ***150.00



	t								
Principal Place	a of Business	Mailing Address				- 6 10831001 110 58111 01011 00118 00311 00	JILI UULUI UIIE	1 (310) 1	
8624 SW 15 ST						DO NOT WRITE	N THIS SPACE	Ē	
						3. Date Incorporated or Qualified			
İ						11/21/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21		26				65-0540402		-1	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	1	75 Ad ee Red	dditional
22 27 27 City & State City & State									
,,,,,,,,,			•			6. Election Campaign Financing Trust Fund Contribution		Ided to	May Be
Zip	Country Zip Co			ntry		8. This corporation owes the current			
24	25 29 30			•		Personal Property Tax.	you (((turing iz)is	_	□No
[24]	9. Name and Address of Curren		XXI			10. Name and Address of New Regi	stered Agent		
					Name	•	-		(
WILSON, NORMAN G				82	Street Addre	ss (P.O. Box Number is Not Acceptable))		$\overline{}$
8624 SW 15 ST							, 		
PEM	BROKE PINES FL 33025		•	83					
			,	84	City		85	Zip Co	ode
ļ									
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.									egistered istered
SIGNATURE									
4.5	Signature, typed or printed name of registered ager			Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTOE	2S IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TI	n E		ADDITIONS/CHANGES TO OFFICE	Cha		Addition
NAME	MURRAY, ADRIAN L		1.2 NA		ļ			•	_
STREET ADDRESS	0004 OH 45 OT			1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33025			TY-ST					1
TITLE	D	☐ DELETE	2.1 Ti				Cha	ange	☐ Addition
NAME	MURRAY, GERALD 22N			WE	1				
STREET ADDRESS	0004 0041 47 07		2.3 \$1	2.3 STREET ADDRESS					ł
CITY-ST-ZIP	DELETE CHIEF CHIEF CONT			ITY-S	T-ZIP				
TITLE	D DELETE 3.1 T			-			Cha	ange	Addition
NAME	_MURRAY, ERIC		3.2 N	AME _	_				1
STREET ADDRESS	8624 SW 15 ST		3.3 ST	REET	ADDRESS				
C/TY-ST-ZIP	PEMBROKE PINES FL 33025		3.4. C	ITY-S1	T-ZIP				
TITLE	D	☐ DELETE	4.1 T	ΠE			Chi	ange	☐ Addition
NAME	MURRAY, CEDRIC L		4. 2 N	AME	-				
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-\$T-ZIP	PEMBROKE PINES FL 33025		4.4 CITY-		r-zip				F-1
TITLE	D	☐ DELETÉ	5.1 TITLE				☐ Cha	ange	☐ Addition
NAME	WILSON, NORMAN G		5.2 NAME		1				
STREET ADDRESS	8624 SW 15 ST				ADDRESS				}
CITY-ST-Z/P	PEMBROKE PINES FL 33025			TY-ST	r-ZIP				- Aprilian
TITLE	DELETE 6.1						☐ Cha	ange	☐ Addition
NAME			6.2 N						
STREET ADDRESS	CET ADDRESS				ADDRESS				,
CODY CT 71D) <i> </i>		6.4 CI	TY-ST	r-7)P				1

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 afformate 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 trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if orlanged, or on an attachment with an address with all other like empowered.

SIGNATURE