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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023816 (8)

CAVA1II Principal Place	NA MUSIC STUDIOS, INC	Malling Address					
1415 TIMBERLANE RO. SUITE 209 TALLAHASSEE FL 32312		1415 TIMBERLANE RD. SUITE 209 TALLAHASSEE FL 32312-					
		•			 Date Incorporated or Qualified 03/24/1995 	3a. Date of Last Report 05/01/1996	
	lace of Business	2s. Mailing Address			4. FEI Number 59-3307310	Applied For	
Suite, Apt	#, etc.	Suite, Apt #, etc.		·	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	3	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Countr	у	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees ntangible tax under s. 199.032,	
24	9. Name and Address of Curr	29 ent Registered Agent	30	 	Florida Statutes 10. Name and Address of New Re	Yes X No	
PEN	IDLETON, MARGARET C	ott i togistorea Hgoric	81	Name	101 Italia dila saganda 61 Lass usa		
1415 TIMBERLANE RD.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
SUITE 209 TALLAHASSEE FL 32312			83	3			
			84	84 City FL 85 Zip Code		85 Zip Code	
11. Pursuant office or ragent ha	to the provisions of Sections 607.0, egistered agent, or both, in the Sta in familiar with, and accept the obli-				rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)	Purpose of changing its registered of the appointment as registered	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
101.6	P DELETE		1.1 TITLE			Change Addition	
NAME STREET ADORESS	PENDLETON, MARGARET C 1415 TIMBERLANE RD., STE			T ADDRESS			
CHY-ST-76°	TALLAHASSEE FL 32312 V DELETE		1.4 CITY+ST+ZIP 2.1 THILE			Change Addition	
NAME	MATHES, JAMES R.		2.1 H) (C			EL CHANGE	
STREET ADDRESS	1415 TIMBERLANE RD., STE 209			T ADDRESS -St-Zip			
Crist-St ZiP TITLE	DECETE		3.1 TellE		194.	Change Addition	
NAME	i I		3 2 NAME	-		"	
STHEET ADDRESS			3.3 STREE	T ADDRESS			
CH Y - S ! - ZIP		DELETE	3.4. CITY			Change Addition	
MAME		☐ DETEIE	4.1 TITLE 4. 2 NAM	I		CT cualific CT variation	
STREET ADDRESS			•	T ADDRESS			
COLY - ST - ZIP			4.4 CITY-				
TILLE		☐ DELETE	5.1 TITLE			Change Addition	
NAMI			5 2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY 51-7/2			5.4 CITY-			[] A	
TORE		DELETE	6 1 TITLE	i		Change Addition	
NAMI			6.2 NAME	1			

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certily 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.

STREET ADDRESS

CHY-S1-769

FILED

May 02 1997 8:00am

Secretary of State