SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000028929 (4)

1. Corporation Name

SHAJAR MUSIC & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
20200 WEST COUNTRY CLUB DRIVE PH2 NORTH MIAMI BEACH FL 33180	20200 WEST COUNTRY CLUB DRIVE PH2 NORTH MIAMI BEACH FL 33180

2. Principal Place of Business	2a. Mailing Address
21 2926 N. 33 Ter.	26 2926 N. 33 Ter.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Hollywood, Fl	City & State 28 Hollywood, Fl
Zip 24 33021 Country 25	Zip 29 33021 Country 30

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report:
4. FEI Number: 59-252-0394 — Applied For / 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLAPAK, BENJAMIN
20200 WEST COUNTRY CLUB DRIVE
#PH2
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: SLAPAK BENJAMIN
82 Street Address (P.O. Box Number is Not Acceptable): 2926 N. 33 Ter.
83
84 City: HOLLYWOOD, FL 85 Zip Code: 33021

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN SLAPAK		1.2 NAME	
STREET ADDRESS	2926 N. 33 Ter		1.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Fl 33021		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVA INGSTER		2.2 NAME	
STREET ADDRESS	2926 N. 33 Ter		2.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Fl 33021		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	# BANK

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BENJAMIN SLAPAK · 7-23-96 (954) 894-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)