SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT * CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVEU AND

97 JUL 30 AM 9: 47

SECRETARY OF STATE

| REEL PEOPLE'S MUSIC, INC. | | | | | | | | LANGE OF THE SHIP AND | | | |
|---|--------------------|--|-----------------|--|---------------|--------|------------------|--|-------------------|-----------------|----------------------|
| | | | | | | | | | | | |
| Principal Place of Business 631 BROOKHAYEN DR. ORLANDO FL 32803 | | | | Mailing Address 631 BROOKHAVEN DR. ORLANDO FL. 32803 | | | | I TODITODI FIE TOTOL DITIL DOLLI DOLLI DOLLI DOLLI | III DEIER III!I D |) 3 { 1 U | IB B11f 38B i |
| GIRMING TO GOOD | | | | ONE MIDO TE 02000 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qualified | 1 | of Last R | eport |
| | | | | | | | | 04/17/1995 | <u> </u> | 1/,1996 | |
| 2. Principal Pl | lace of Busine | 088 | <u></u> ⊢–- | 2a. Mailing Address | | | | 4, FEI Number | | <u> </u> | plied For |
| Suite, Apt. | # etc | | [26] | Suite, Apt. #, etc. | | | | 59-3073192 | | \$8.75 | t Applicable |
| 22 | , 0.0. | | | 27 | | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | 28 | 26 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Zip Country | | | Zip Cour | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | | 29 | | | | | Personal Property Tax due June 30. Yes No | | | |
| | | and Address of Curre | nt Registe | red Agent | | 81 | None | 10. Name and Address of New Re | gistered Ag | ent | |
| | ALS, TODD | NA 00115T | | | ŀ | | Name | | | | |
| 3616 HIGHMOOR COURT | | | | | | | Street Ad- | ddress (P.O. Box Number ig Nor Accepted E.C. 13 1) | | | |
| ORLANDO FL 32818 | | | | | | | | Address (P.O. Box hirmyr i 1117) 2973 5 13 13 13 13 13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | | 23 |
| | | | | | | | | ****165 | .OO * | ***16 | 5.00 |
| | | | | i | | | City | | FL | 85 Zip (| Code |
| 11. Pursuant t | to the provision | ons of Sections 607.05 | 02 and 60 | 7.1508, Florida Statu | tes, the at | ove- | -named co | prporation submits this statement for the p | urnose of c | hanging it | s registered |
| office or re | eaistered age | ont, or both, in the Sta n, and accept the obli | te of Florida | . Such change was | authorized | vd b | the corpor | ration's board of directors. I hereby accep | of the appoi | itment as | registered |
| SIGNATURE . | Signature, typed o | r printed name of registered a | gent and the if | applicable (NO | TE Registered | d Ager | nt signature req | guired when reinstating) | DATE | | ····· |
| 12. | | OFFICERS A | | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND D | IRECTOR | S IN 12 |
| TITLE | P | | | ☐ DELET E | 1.1]]] | ILE | | | Ī. | Change | Addition |
| NAME | | | | 1.2 NA | | | İ | | | | |
| STREET ADDRESS 3616 HIGHMOOR COURT ORLANDO FL | | | | 1.3 \$16 | | | address | | | | į. |
| CITY-ST-ZIP | UKLANU | UPL | | T SELECE | 1.4 CI | _ | - 21P | | | 7 01 | |
| TITLE | | | | DELETE | 2.1 1(1 | | | | L | _ Change | L.f Addition |
| NAME . | | | | | 2.2 NA | | 4 DODGOO | | | | |
| STREET ADORESS | ı | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 2. 4 CI | | 1-211 | | Г | Change | ☐ Addition |
| NAME | | | | | 3.2 NA | | | | _ | | 1 |
| STREET ADDRESS | | | | | 3 3 ST | REET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 3 4. C | | | | | | |
| TITLE | | | | ☐ DELETE | 4.1 70 | TLF. | | | L | Change | Addition |
| NAME | | | | | 4.2 N | AME | | | | | |
| STREET ADDRESS | | | | | 4.3 \$1 | REET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 4.4 CI | TY-ST | - ZIP | | | _ | |
| TITLE | | | | DELETE | 5.1 717 | ΙLE | [| _ | | Change | Addition |
| NAME | ! | | | | 5.2 NA | | | J. | | | |
| STREET ADDRESS | | | | | | | ADORESS | mall | | | |
| CITY-ST-ZIP | | | | DELETE | 54 CI | _ | -7IP | A(1 ^U ' - | | Chengo | Addition . |
| TITLE | | | | DELETE | 6.1 TH | | [| \mathcal{U}_{ρ} . | L | Change | ☐ Addition |
| NAME ATOMET ADOMESIC | ı | | | | 6.2 NA | | ADDDECC. | r | | | ļ |
| STREET ADDRESS | | | | | | | ADDRESS) | | | | |
| CITY-ST-ZIP | | | | | 6.4 CI | 1Y-S1 | - IP | | | | |

14. I do hereby certify that the information supplied with this filling 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 eath; 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 a address.