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Mailing Address

11883 SW 13 POINT

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031254 (2)

SLICK PICK MUSIC CORP.

Principal Place of Business

11889 SW 113 POINT

DAVIE FL 33325 **DAVIE FL 33325-3899** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1995 05/01/1996 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 65-0575932 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country  $Z_{\rm ID}$ This corporation has liability for intengible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WARNER, DANIEL L 11883 SW 13 POINT Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33325 R3 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE (NOTE: Bugistured Agent signature required whom reinstating) Signature, typed or printed name of registered againt and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) ☐ DELETE ☐ Change ☐ Addition TITLE 1.1 1011 WARNER, DANIEL L NAME 1.2 NAME 11883 SW 13 POINT STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE. Change Addition TITLE 2.1 TITLE NAME 2.2 NAM6 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-\$1-ZIP DELFIE Change Addition TITLE 3.1 THUE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE. Change Addition TITLE 4.1 TITLE

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 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 3 if changed, or on an attachment with an address.

64 C:1Y - ST - ZIP

4 2 NAME

5.1 T H F

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE: 1 amiel

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/F

CITY-ST-ZIP

CITY-ST-ZIP

Daviel Warner

4/25/89

Change

Change

Addition

Addition

FILED

May 13 1997 8:00am

Secretary of State