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 # P95000031254

1. Corporation Name

SLICK PICK MUSIC CORP.

Principal Place of Business
41889-6W-113-POINT DAVIE-FL-33325

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90070 003 ***150.00



Principal Place of Business		Mailing Address							
41889-6W-113-POINT	41603-SW-13-POINT				· ·				
DAVIE FL 33325						DO NOT WRITE IN THIS SPACE			
~ US-	US -					3. Date Incorporated or Qualified			
						04/13/1995		ļ	
O Discipled Discover of Dustream		2a. Mailing Address	-			4. FEI Number	TA	pplied For	
2. Principal Place of Business	۸ ح	26 2V/ 9. 6	61.	202		65-0575932		lot Applicable	
		26 20 / O		-		00-00/0902			
Suite, Apt. #, etc.	27				5. Certificate of Status Desired	Fee F	Required		
City & State		City & State				6. Election Campaign Financing		May Be	
		28 PLANTATION FL				Trust Fund Contribution		to Fees	
Zip Country		Zip Country				8. This corporation owes the current ye			
24 33317 25	115A	29 33317	30	U	SA	Personal Property Tax.	12 Yes	□No	
	Address of Current F		30	1		10. Name and Address of New Regist	ered Agent		
3. Haite and	Addition of Children	togiotoi ou rigent		81	Name				
WARNER, DANIEL L									
11883 SW 13 POINT				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	-	l	
DAVIE FL 33325				83					
5,1112 / 2 00020		,							
				84	City		FL 85 Zip	Code	
		1007.1500.51 :1.01	41	1 1			1 1	ts registered	
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, an	d accept the obligation	ns of, Section 607.0505, F	lorida Stat	tutes.	•			-	
SIGNATURE						uired when reinstation)	<u></u>		
	ed name of registered agent as		TE: Registered		signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
12.	OFFICERS AND	DELETE	1,1 T			ADDITIONS/CITANGES TO CITACE	TH Change		
TITLE D	uri i				}				
NAME WARNER, DAI				LAME		2-15 10 11 4.15]	
STREET ADDRESS 11883 SW 13	PUINI-				ADDRESS A	2VI S.W. 61 AVE PLANTATION FL 333	317		
CITY-ST-ZIP DAVIE FL		DELETE		HY-ST-	ZIP 5	PHIS 101100 1 12 1/2	☐ Change	Addition	
TITLE		☐ DELETE	2.1 T		}	•			
NAME				AME					
STREET ADORESS			2.3 S	TREET	DDRESS				
CITY-ST-ZIP				CITY-ST	ZIP		Change	Addition	
TITLE		☐ DELETE		IIILE			[] Criange	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			_	CITY-ST	-ZIP		<u> </u>	- Addition	
TITLE		☐ DELETE	4,1 T	TITLE			Change	Addition (
NAME			4.21	NAME				ĺ	
STREET ADDRESS			4.3 S	STREET	ADDRESS				
CITY-ST-ZIP			4.4 0	CITY-ST-	ZIP				
TITLE		☐ DELETE	5.1 T	TTLE			☐ Change	Addition Addition	
NAME	,		5.2 N	NAME				ļ	
STREET ADDRESS			5.3 S	STREET	ADDRESS)	
CITY-ST-ZIP			5.4 0	CITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 7	TITLE			☐ Change	Addition	
NAME .			6.2 N	NAME	{			ļ	
STREET ADDRESS			6.3 9	STREET	ADDRESS				
			6.40	CITY-ST-	ZIP			f	
CITY-ST-ZIP					٠		67 11 6 Atr.		

14. I 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 of 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, with all other like empowered.

SIGNATURE: 5

YEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-0606