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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032939 (7)

KK MUSIC SERVICE, INC.

STREET ADDRESS

Principal Place of Business Maiting Address 515 N. PLAGLER DR. -515 N. FLAGLER DR. 4 CUITE #300 -SUITE #300 WEST-PALM BEACH PL 334DT WEST PALM BEACH PL 33401-4349 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0593453 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc \$8.75 Additional \Box Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ころん 23 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes You 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KOTTONEN, KYOSTI -515 N. FLAGLER DR." 82 -0UITE #300¬ 83 WEST PALM BEACH FL 83401 84 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 agent, or both, in the State of Florida Statules, the above-named 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, Plorida Statutes. submits this statement for the purpose of changing its registered SIGNATURE ng stered Agent signature required when reinstating) 12. OFFISCAS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND RECTORS IN 12 (96/6) しつ TITLE DELETE 1.1 1111.0 KYOST KOTTONER, KYOSTI NAME -515 N: FLAGLER DR: #300-STREET ADDRESS 1.3 STREET ADDRESS WEST-PALM BEACH FL 99401 CITY-ST-ZIP 1.4 CITY - ST - 7/P TITLE DELETE 211016 Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST- ZIP DELETE TITLE 3.1 1ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TO UE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 61 TITLE Change ___ Addition NAME 62 NAME

14. I do hereby certify 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 12 if thanged, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 City - St - Zip