

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

FILED

Jan 26 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000037592 (9)

1. Corporation Name

ARTWORK MUSIC CO., INC.

Principal Place of Business

4517 PALM BEACH POINT BLVD.
W. PALM BEACH FL 33414-7410

Mailing Address

C/O RENDINE CPA
3544 COMEE ST.
YORKTOWN MTS NY 10598
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

65-0597962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

10598

YORKTOWN HTS, NY

30

9. Name and Address of Current Registered Agent

MOGULL, IVAN
4517 PALM BEACH POINT BLVD.
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

1/14/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
MOGULL, IVAN
STREET ADDRESS
4517 PALM BEACH POINT BLVD.
CITY - ST - ZIP
W. PALM BEACH FL 33414-7410

TITLE ☐ DELETE

NAME
VD
ENGEMANN, KARL
STREET ADDRESS
4177 DOVER LANE
CITY - ST - ZIP
PROVO UT

TITLE ☐ DELETE

NAME
T
MOGULL, MARCIA
STREET ADDRESS
4517 PALM BEACH POINT BLVD.
CITY - ST - ZIP
W. PALM BEACH FL 33414-7410

TITLE ☐ DELETE

NAME
S
MOGULL, PETER
STREET ADDRESS
11 EAST 87TH ST.
CITY - ST - ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

84604

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

10128

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE REQUIRED

1/14/98

561-795-9661

CR2E034 (10/97)