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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041649 (1)**

1. Corporation Name
BIG AL'S RECORDS & TAPES II, INC.

Principal Place of Business	Mailing Address
1020 NO. EDGEWOOD AVENUE JACKSONVILLE FL 32254	1020 NO. EDGEWOOD AVENUE JACKSONVILLE FL 32254-2324

3. Date Incorporated or Qualified: 05/26/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3311574 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, ALFRED A
1020 NO. EDGEWOOD AVENUE
JACKSONVILLE FL 32254

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	SMITH, ALFRED		1.2 NAME	Archie Smith	
STREET ADDRESS	4225 NOTTER AVE		1.3 STREET ADDRESS	1601 Dunn Ave #202	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville Fl. 32218	
TITLE	VP	☐ DELETE	2.1 TITLE	Executive Vice President	☒ Change ☐ Addition
NAME	SMITH, ANGELYN		2.2 NAME	Anglyn Smith	
STREET ADDRESS	4225 NOTTER AVE		2.3 STREET ADDRESS	4225 Notter Ave	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32208	
TITLE		☐ DELETE	3.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			3.2 NAME	Lawrence Williams	
STREET ADDRESS			3.3 STREET ADDRESS	2534 Doby Street	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville, Fl. 32209	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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

SIGNATURE: [illegible] April 30 1997 668-0002