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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042909 (8)

PARADOXX MUSIC CORP.

Principal Place of Business Mailing Address 420 LINCOLN ROAD 1941 N.W. 171ST AVENUE PEMBROKE PINES FL 33028 SUITE 285 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 420 Lincoln Road 65-0586351 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp 8. This corporation owes or has paid the current year Intangible 30 USA 24 25 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE GRAMMONT, LUCIANA FORTUNATO 8202 MIZNER LANE Street Add 82 **BOCA RATON FL 33433** 83 City 64 rines Pembroke Ani to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, if the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to I am familiar with, and accept the obtaining of Section 607.0505, Florida Statutes. offic SIGN of regulated agent and title if applica (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE ARDUINI, FÓRTUNATO NAME 1.2 NAME 8202 MIZNER LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE DE GARMMONT, LUCIANA 2.2 NAME NAME 8202 MIZNER LANE STREET ADDRESS 2 3 STREET ADDRESS **BOCA RATON FL 33433** 2. 4 City-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TI71 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

14. Thereby 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 frue 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 charged, or on an attachment with an address

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/97

Change

Addition

FILED

Mar 24 1998 8:00am

Secretary of State