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 # P95000043933

1. Corporation Name

SPIDER WEB RECORDS,INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90061 015 ***150.00



	•						
Principal Place of Business Mailing Address					1 102 1102 1 112 (013) 0111 03111 03111 03111		
7855 BIRD ROAD 7855 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 06/07/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26			65-0585998		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,		
Zip	Country	Zip	Countr		8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.	Yes	□No
\	9. Name and Address of Curren	t Registered Agent	81	T No.	10. Name and Address of New Register	ed Agent	
DIA7	, JUAN L		"	Name			
-7855 BIRD OAD 282 EAST 18 Street -MIAMI FL-33155 Hypleph, Fil. 33010.			82		Address (P.O. Box Number is Not Acceptable)		
- M/\n	HIPLOUISO HIPPER	A, MC 33010.	83				[
			84	City		L 85 Zi	p 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							
12.	Signature, typed or printed name of registered ager		13.	ur signature :	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE			1.1 TITLE		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Chang	
NAME	DIAZ, JUAN L	_	1.2 NAME		DES CONT 10 CACOT]
STREET ADDRESS			1.3 STREE	TADDRESS	202 CAS/ 10 3.11EE		,
CITY-ST-ZIP	MIAMI-FL		1.4 CITY-5		18708004, OLL 33010		
TITLE	D	☐ DELETE	2.1 TITLE			Chang	je 🗌 Addition
NAME	DIAZ, JUAN L		2.2 NAME		282 East 18 Street HIBREAL, Fil 33010 282 East 18 Street		
STREET ADDRESS	~7855-BIRD-ROAD	2.3 :		TADORESS	OUR EAST 10 TATILE		
CITY-ST-ZIP			2. 4 CiTY-	ST-ZIP	HIRREAD, FIL 330	10 .	
TITLE		☐ DELETE	3.1 TITLE			Chang	je 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			}
CITY-ST-ZIP			3.4. C/TY-	ST-ZIP			je Addition
TITLE (1		4.1 TITLE			☐ Chang	le Maganon
NAME			4. 2 NAME				
STREET ADDRESS			ı	TADDRESS			l
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		Chang	ge Addition
TITLE	•	C) DEFEIG	5.1 TITLE 5.2 NAME		1	Criang	70 170000(I
NAME.			1	TADDRESS			}
STREET ADDRESS			5.4 CITY-S		·		1
CITY-ST-ZIP		DELETE	6.1 TITLE	11-ZIF		☐ Chang	e Addition
TITLE		€ DELETE	6.2 NAME			L.J Onling	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME				T ADDRESS			1
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-5	1-4P			

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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR