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 # P95000044276 (0)

JAM ROCK CULTURAL PRODUCTIONS, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business		Mailing Addr	Mailing Address			r reditikalı kira narat arkın darin danın adırın Barın analıl aların kirki rodite dirin iddi)				
9111 SW 151	AVE ROAD	9111 SW 151	9111 SW 151 AVE ROAD			•				
MIAMI FL 33196			MIAMI FL 33196			DO NOT IN	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualif		SPACE		
						· ·	leu			
2 Principal PI	ace of Business	2a. Mailing A	ddraee			06/08/1995 4. FEI Number		1 10	oplied For	
21	ace or pusitioss	26	uuruss						ot Applicable	
Suite, Apt.	* etc		Suite, Apt. #, etc.			\$8.75 Additional				
22	., 010	— — · · ·	27			Certificate of Status Desired	102		equired	
City & State)	City & Sta	ite			6. Election Campaign Financir	·····································		-	
23		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip	Country	Zip		Country	,	8. This corporation owes or ha	s paid the cu			
24	25	29	30	5		Personal Property Tax due	-		□ No	
	9. Name and Address of C		nt			10. Name and Address of New	Registered	Agent		
BUS	SETT, ANTHONY W			81	Name	 -				
	SW 151 AVE ROAD		62 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
	MI FL 33196		51 Street Ad			Idress (F,O, Box Number is Not Acce	hrane)			
1111	m (E 00 100			83					· ·	
						· · · · · · · · · · · · · · · · · · ·				
				84	City		Fl	85 Zip	Code	
11. Pursuant to	o the provisions of Sections 607	7.0502 and 607.1508, Fi	orida Štatutes,	the above	e-named co	orporation submits this statement for		of changing it	ts registered	
office or re agent. I ar	egistered agent, or both, in the tendent of the control of the con	State of Florida. Such cl obligations of, Section 6	hange was auth 07.0505, Florid	norized by a Statutes	the corpor s.	orporation submits this statement for ration's board of directors. I hereby a	ccept the ap	pointment as	registered	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable	(NOTE: Re	egistered Age	ent signature rea	quired when reinstating)	DATE			
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PS D		DELETE	1.1 TITLE				Change	Addition	
NAME	BLISSETT, ANTHONY W			1.2 NAME						
STREET ADDRESS	9111 SW 151 AVE ROAD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33196			1.4 CITY-S	T-ZIP					
TITLÉ			DELETE	2.1 TITL€				Change	Addition	
NAME				2.2 NAME					,	
STREET ADDRESS				2.3 STREET	ADDRESS				į	
CITY-ST-ZIP				2.4 CITY-5	ST-ZIP					
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - 9	ST-ZIP					
TITLE			DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S						
TITLE			DELETE	5.1 TITLE	. 44			Change	Addition	
NAME		_		5.2 NAME	İ					
STREET ADDRESS				5.3 STREET	ADDRESS					
1										
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CITY-S 6.1 TITLE	1-212			Change	Addition	
		ت	520016					— Allanika		
NAME				6.2 NAME					,	
STREET ADDRESS				6.3 STREET	1					
CITY-ST-7IP	÷,			RACITY-S	T. 7IP				l l	

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 any ittachment of the address.