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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

•	MENT # P95000 VILLE MUSIC ALLIANCE, INC	• •				
Principal Place	e of Business	Mailing Address		1 109(1881 110 1010) 91(1) 60(1) 00(1)	80111 81881 18101 61110 11011 6161 1861	
619 SOUTH MAIN STREET		619 SOUTH MAIN STREET				
M N GAINESVILLE FL 32801 G		M 0416F018115 FL 00001 0305				
US US	FL 328U1	GAINESVILLE FL 32601-8785 US		3. Date Incorporated or Qualified	3a. Date of Last Report	
••				06/19/1995	01/31/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 201 9	SE Depot Aue		cost Avenue	59-3319341	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional	
22		27		ļ	Fee Required	
City & State	resulte, FL	City & State	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{ヹ゙} р 241 ろこしc	Country	29 32601 3	Country	This corporation has liability for In Florida Statutes	itangible tax under s. 199.032, Yes No	
	9. Name and Address of Current			10. Name and Address of New Reg		
1020 SW 19TH PLACE QAINESVILLE FL 32601			81 Name			
			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		B5 Zip Code	
44 0				pration submits this statement for the pu	FL, 150 Elp code	
office or re agent. I a	registered agent, or both, in the State of familiar with earl accept the obligat	and 607.1508, Florida Statutes If Florida. Such change was autions of, Section 607.0505, Florid	horized by the corporation of the statutes.	original submits this statement for the plans, board of directors. I hereby accept	the appointment as registered	
SIGNATURE	Signature, tiped or printed name of registered agent	and the If applicable Alford F	Registered Agent signature require	The second of th	5/30/97	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	LOWE, MARSHALL		1.2 NAME			
STREET ADDRESS	1020 SW 19TH PLACE		1.3 STREET ADDRESS		1	
CITY-ST-ZIP	GAINESVILLE FL 32601		14 CITY - ST - ZIP			
TITLE		DELETE	21 TITLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		T otics:	2. 4 CITY- ST- ZIP			
TITLE		DELETE	31 TITLE		L. Change L Addition	
NAME DEDOCE ADDOCCO			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - S1 - 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 - ZIF			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-7IP			

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 receivor 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, grow an attachment with an address.

FILED

Jun 05 1997 8:00am

Secretary of State