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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT #P95000050607

1. Corporation Name

Dalin Records, Inc.
7330 Carlyle Ave.,#1
M.B., FL 33141

Principal Place of Business	Mailing Address
7330 Carlyle Ave. #1 Miami Beach, FL 33141	P.O. Box 402338 Miami Beach, FL 33140

3. Date Incorporated or Qualified: June 27, 1995
3a. Date of Last Report: 5/1/96

2. Principal Place of Business
21 10625 Hammocks Blvd.
Suite, Apt. #, etc.
22 #5-32
City & State
23 Miami, Florida
Zip 24 33140 Country 25 U.S.

2a. Mailing Address
26 P.O. Box 402338
Suite, Apt. #, etc.
27
City & State
28 Miami Beach, Florida
Zip 29 33140 Country 30 U.S.

4. FEI Number: 65-0604743 ☐ 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

9. Name and Address of Current Registered Agent

Jason Gordon
7330 Carlyle Ave.
#1
Miami Beach, FL 33141

10. Name and Address of New Registered Agent

81 Name: Amanda E. Smida
82 Street Address (P.O. Box Number is Not Acceptable): 10625 Hammocks Blvd.
83 #5-32
84 City: Miami **FL** 85 Zip Code: 33196

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: Amanda E. Smida 4/27/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jason Gordon 2932 Prairie Ave., M.B., FL 33140 ☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / CITY-ST-ZIP	President Amanda E. Smida 10625 Hammocks Blvd.,#5-32 Miami, FL 33196 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Amanda E. Smida Vice-President 7330 Carlyle Ave., #1 M.B., FL 33141 ☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice-President Jason Gordon 2932 Prairie Ave. M.B., FL 33140 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	RW 5-1-97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	100002166761 -05/06/97--01019--007 ***165.00 ☐ Change ☐ Addition

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: Jason Gordon, Vice-President 4/28/97 (305)408-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #