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FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000050607 (7)

1. Corporation Name  
DALIN RECORDS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7330 CARLYLE AVE.  
APT. #1  
MIAMI BEACH FL 33140

P. O. BOX 402338  
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21 12212 SW 131 Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 33186 25 Dade

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, JASON  
7330 CARLYLE AVE., APT. #1  
MIAMI BEACH FL 33141

81 Name Jason Gordon

82 Street Address (P.O. Box Number is Not Acceptable)  
2932 Prairie Ave

83

84 City Miami FL 85 Zip Code 33140

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 JASON GORDON

(NOTE: Registered Agent signature required when reinstating)

3/31/98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME GORDON, JASON  
STREET ADDRESS 2932 PRAIRIE AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P  
NAME SMIDA, AMANDA  
STREET ADDRESS 10625 HAMMOCKS BLVD. #5-32  
CITY-ST-ZIP MIAMI FL 33198

☐ DELETE

2.1 TITLE President  
2.2 NAME SMIDA, Amanda E.  
2.3 STREET ADDRESS 13324 SW 114th CT  
2.4 CITY-ST-ZIP Miami, FL 33176

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE Amanda E. Smida

March 31, 1998

CR2E034 (10/97)