

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P95000051737

1. Corporation Name

SONRise Records Inc.

Principal Place of Business

6523 Kathryn Dr.  
Jacksonville, FL 32208

Mailing Address

6523 Kathryn Dr.  
Jacksonville, FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>June 29, 1995</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3327228</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>Same as above</b>	26. <b>Same as above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24.	29.
25.	30.

9. Name and Address of Current Registered Agent

DWAIN E. HUFFMAN SR.  
6523 Kathryn Dr.  
Jacksonville, FL 32208

10. Name and Address of New Registered Agent

81. Name <b>N/A</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip 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 Dwain E. Huffman Sr. **DWAIN E. HUFFMAN SR.** **April 26, 1996**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	✓ <b>President / Director</b>	1.1 TITLE	<b>NONE</b>
NAME	<b>DWAIN E. HUFFMAN SR.</b>	1.2 NAME	
STREET ADDRESS	<b>6523 Kathryn Dr.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32208</b>	1.4 CITY - ST - ZIP	
TITLE	<b>Vice-President / Secretary - Treasurer</b>	2.1 TITLE	
NAME	<b>Lois E. Huffman</b>	2.2 NAME	
STREET ADDRESS	<b>6523 Kathryn Dr.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32208</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dwain E. Huffman Sr. **DWAIN E. HUFFMAN SR.** **April 26, 1996** (904) 764-5660  
Signature typed or printed name of signing officer or director Date Daytime Phone #