FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000060992 (1)**

1. Corporation Name
CD ROM PLAYBACK, INC.

Principal Place of Business
6047 KIMBERLY BOULEVARD, SUITE T
NORTH LAUDERDALE FL 33068

Mailing Address
6047 KIMBERLY BOULEVARD, SUITE T
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 08/07/1995
3a. Date of Last Report:

4. FEI Number: 65-0606404 — [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21 1267 UNIVERSITY DRIVE
Suite, Apt. #, etc.
22
City & State
23 CORAL SPRINGS, FL.
Zip 24 33071 Country 25 BROWARD

2a. Mailing Address
26 1267 UNIVERSITY DRIVE
Suite, Apt. #, etc.
27
City & State
28 CORAL SPRINGS, FL.
Zip 29 33071 Country 30 BROWARD

9. **Name and Address of Current Registered Agent**

DORIOT, TIMOTHY C
6047 KIMBERLY BOULEVARD, SUITE T
NORTH LAUDERDALE FL 33068

10. **Name and Address of New Registered Agent**

81 Name: TIMOTHY DORIOT
82 Street Address (P.O. Box Number is Not Acceptable): 1267 UNIVERSITY DRIVE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33068

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 x Timothy C Doriot Timothy C DORIOT x 3/11/96

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[X] DELETE	1 TITLE	TIMOTHY C. DORIOT PDT	[ ] Change [X] Addition
NAME	DORIOT, TIMOTHY C		1 NAME	1267 UNIVERSITY DRIVE	
STREET ADDRESS	6047 KIMBERLY BOULEVARD, SUITE T		1 STREET ADDRESS	CORAL SPRINGS, FL. 33068	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		1 CITY-ST-ZIP		
TITLE		[ ] DELETE	2 TITLE		[ ] Change [ ] Addition
NAME			2 NAME		
STREET ADDRESS			2 STREET ADDRESS		
CITY-ST-ZIP			2 CITY-ST-ZIP		
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: x Timothy C Doriot Timothy C DORIOT x 3/11/96 305-752-3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)