

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000078354 (4)  
1. Corporation Name

WORLD MUSIC CORPORATION

Principal Place of Business

Mailing Address

9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE 18  
ORLANDO FL 32837

9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE 18  
ORLANDO FL 32837



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 9521 S. Orange Blossom Trail	27 9521 S Orange Blossom Trail	10/12/1995	10/12/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Orlando	28 Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
26 32809	30 32809		

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Mary G Thompson* DATE 7-23-96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	11 TITLE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12 NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	
TITLE	21 TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE	31 TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE	41 TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE	51 TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE	61 TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-07/30/96--01157--023  
\*\*\*225.00

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