

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # P95000083663 (1)

1. Corporation Name
LET'S KARAOKE, INC.

Principal Place of Business
2240 WOOLBRIGHT RD., STE. 349
BOYNTON BEACH FL 33426

Mailing Address
2240 WOOLBRIGHT RD., STE. 349
BOYNTON BEACH FL 33426-6366



3. Date Incorporated or Qualified 10/30/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0622916
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 STE. 317
City & State

27 STE. 317
City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, SHARON
2240 WOOLBRIGHT RD., STE. 349
BOYNTON BEACH FL 33426

81 Name MORGAN, TOM
82 Street Address (P.O. Box Number is Not Acceptable)
2240 WOOLBRIGHT RD. STE 317
83
84 City BOYNTON BEACH FL 85 Zip Code 33426

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 *Tom Morgan* DATE 4.14.97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
0	MORGAN, TOM	2240 WOOLBRIGHT RD., STE. 349	BOYNTON BEACH FL 33426	<input type="checkbox"/>
V	MORGAN, SHARON	2240 WOOLBRIGHT RD., STE. 349	BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

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: *Tom Morgan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97
Date

Daytime Phone #

0309435

CP2E034 (9/96)