

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90249 005 \*\*\*150.00

DOCUMENT # P95000083663

1. Corporation Name  
LET'S KARAOKE, INC.

Principal Place of Business  
2240 WOOLBRIGHT RD., STE. 349  
STE 317  
BOYNTON BEACH FL 33426  
US

Mailing Address  
2240 WOOLBRIGHT RD., STE. 349  
STE 317  
BOYNTON BEACH FL 33426  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4608 Kitt Wake

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach FL

24 Zip 33436 25 Country

2a. Mailing Address

26 4608 Kitt Wake

Suite, Apt. #, etc.

27 City & State

28 Boynton Beach

29 Zip 33436 30 Country

9. Name and Address of Current Registered Agent

MORGAN, TOM  
2240 WOOLBRIGHT RD  
STE 317  
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

81 Name Morgan, Tom  
82 Street Address (P.O. Box Number is Not Acceptable)

83 4608 Kitt Wake

84 City Boynton Beach FL 85 Zip Code 33436

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 607.0605, Florida Statutes.

SIGNATURE X Tom Morgan President  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE 0  
NAME MORGAN, TOM  
STREET ADDRESS 2240 WOOLBRIGHT RD., STE. 349  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Morgan, Tom  
1.2 NAME 4608 Kitt Wake  
1.3 STREET ADDRESS Boynton Beach FL 33436  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

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, with all other like empowered.

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

1-20-99  
Date Daytime Phone #

CR2E034 (1/198)