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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000086743 (8) 1. Corporation Name

, Corporation Name

GOLD COAST MUSIC PUBLISHING, INC.

FILED
May 01 1996 8:00 am
Secretary of State



Principal Place of Business Mailing Address				. Labridor sar ibras drint ddiri bolis 95(1) 00101 10116 84(1) 10116 84(1) 1000 8 1(1) 1000		
3050 BISCAY	'NE BLVD.	3050 BISCAYNE BLVD	3050 BISCAYNE BLVD.			
SUITE 700		SUITE 700	SUITE 700			
MIAMI FL 33	137	MIAMI FL 33137			Date Incorporated or Qualified	3a. Date of Last Report
					11/06/1995	N/A
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional
22		27			3. Certificate of Status Desired	Fee Required
City & State		City & State	leen i		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zp 	Country	Zip	Country		8. This corporation has liability for i	
24	25 9. Name and Address of Cu	rront Boolstored Apont	30		Florida Statutes	
	g, Name and Address Of Ou	Helit Negisteleo Agent	8	Name -	10. Name and Address of New R	egistered Agent
TOWNSTRE	HTEN, JUAN T				avia E. Marko, Esi	<i>1 -</i>
		8	Street Addr	ess (P.O. Box Number is Not Acceptab	Suik 2600	
-SUITE 1	OUTH BAYSHORE DRIVE		8:	10/16		
-MIAMI F			Ĺ	2 8	5. Biscayne Blvd.	•
tow with the	•		8	City City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607 C	1502 and 607 1508. Florida Statut	es the above	named coroor	ation submits this statement for the pur	
or registere	ed agent, or both, in the State of F h, and accept the obligations of S	Ilorida. Such change was authoriz	t e d by the cor	poration's boar	rd of directors. I hereby accept the appo	intment as registered agent. I am
	n, and accept the obligations of, s	Section 607.0505, Florida Statutes	3.		(1)-	20/00
SIGNATURE	Stynature, typod or printed name of registered.	agent and life if applicable. (NC	OTE: Bog stered Ag	ent signature require	o when reinstating)	CATE PARE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE*	D	DELETE	1, 1 TOTA			Change Addition
N4M)	MELTZER, BARRY		1.2 NAME	GA	Joern, David H.	a 44 au -
STREET ADDRESS	3050 BISCAYNE BLVD. S	UITE 700	700 1.3 STREET A		50 Biscayne Bird, s 1iami, 71 33137	nute 700
C/TY+ST-ZIP	MIAMI FL 33137		1.4 CITY-	S1-ZIP	liami, 7L 33137	
TITLE	DELETE 2. 1		2. 1 TITUE	T		Change Addition
NAME			2.2 NAME		bu. Dale	_
STREET ADDRESS			23 STRE	ET ADDRESS 34	sti Biscayne Bind, Su	ik: 700
CrTY+S1+ZiP			24 CITY-	ST-ZIP	liami, 7L 33137	/
THILE	DE		3 1 11/11	.		Change Addition
NAME:			3.2 NAME	I F	isher, Jann	
STREET ADDRESS			3.3. STRE	ET ADDRESS 30	50 Biscaupu Blid, Si	IIK IOO
C(TY+S1+ZIP	TELEV (ACAMETER ACAMATA) april hamilton		3.4 CITY-	\$1-719	11ami, 72 33137	
TITLE		☐ DELETE	4. 1 TITUE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	ET ADDRESS]
CITY - \$1 - ZIP	/	Fra Kri rav	4.4 CITY-			
TITLE		DELETE	5. 1 TiTLE		20000183 -05/23/96010	Gange Addition
NAME			5.2 NAMé		***200.00	IV UAT
STREET ADDRESS				I ADDRESS		İ
CITY-S1-ZIP		נייז הנוכזו	5.4 CITY -			
TITLE		DELETE	6. 1 TITLE			Change Addition
NAME OFOSE LASSESSES			6.2 NAME]
STREET ADDRESS				T ADDRESS		5-1-96 pre
14. I do hereby	v certify that the information suppli	nd with this filing is voluntarily form	64 City-	S1-ZIP	or the exemption stated in Section 119.0	17(3)(A) Elorida Statutas I tudhar

4. 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 cath; 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:

SUNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OF DIRECTO

.29.96 305/573.2900