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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9600000887 (5) 1. Corporation Name AMERICA'S MUSIC PRODUCTION SERVICES, INC.								
Principal Place		Mailing Address			I FORTHORN HIR JUSTIN DANN DERN D	 		IOTAL FORA FORA
500 S. LAKEVIEW DRIVE LAKE HELEN FL 32744		500 S. Lakeview Drive Lake Helen Fl 32744						
					3. Date Incorporated or Qualify 12/26/1995	ed 3a. Date	of Last R	eport
Principa! Place of Business Suite, Apt. #, etc. City & State		28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			1-9-7211-770			Applied For Not Applicable
								Additional
								0 May Be
Ζφ 4	Country 25	Zip 29	Country 30	у	8. This corporation has liability Florida Statutes	for intangible tax		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of Ne		gent	
EVANS	RARERT E ID		81	Name				
EVANS, ROBERT F JR 103 S. OSCEOLA AVENUE			82	Street Add	ress (P.O. Box Number is Not Accep	otable)		
SUITE #	1		83	<u> </u>				
ORLAND	O FL 32801		84	l City			85 Zip Code	
							85 Zig	Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utos the above		ration submits this statement for the	FL purpose of char	l nging its r	egistered office
11. Pursuant t or register familiar wit SIGNATURE	to the provisions of Sections 607.05 red agent, or both, in the State of Fix th, and accept the obligations of, Se Signature, typed or printed name of registered ag	ection 607.0505, Florida Statut	utes, the above-	named corpo poration's boa	rd or directors. I nereby accept the a	: <u>-</u> -	nging its re egistered	egistered office agent. I am
11. Pursuant t or register familiar wi SIGNATURE	th, and accept the obligations of, Se Signature, typed or printed name of registered ap OFFICERS A	action 607.0505, Florida Statut cott and title if applicable (AND DIRECTORS	utes, the above- rized by the corp es. NOTE: Registered Age	named corpo poration's boa	rd or directors. I nereby accept the a	purpose of char appointment as n DATE DEFICERS AND I	egistered	agent. I am
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SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF BIGNINGON BER OR DIRECTOR

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