

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90030 015 ***158.75

DOCUMENT # P96000008117

1. Corporation Name

SONOINTER MUSIC PUBLISHING, INC.

Principal Place of Business

2100 SALZEDO ST STE 304
CORAL GABLES FL 33134

Mailing Address

2100 SALZEDO ST STE 304
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

65-0641434

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

21 999 Ponce de Leon Blvd.

2a. Mailing Address

26 999 Ponce de Leon Blvd.

Suite, Apt. #, etc.

22 Suite 500

Suite, Apt. #, etc.

27 Suite 500

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

ZAMORA, ALBERTO

2100 SALZEDO ST STE 304
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Gottfried, Ron

82 Street Address (P.O. Box Number is Not Acceptable)

999 Ponce de Leon Blvd.

83 Ste 500

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZAMORA, ALBERTO

STREET ADDRESS 10464 SW 130TH ST

CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME ZAMORA, ALBERTO

1.3 STREET ADDRESS 999 Ponce de Leon Blvd, Ste. 500

1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Gottfried, Ron

2.3 STREET ADDRESS 999 Ponce de Leon Blvd, Ste. 500

2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 (305) 444-4431

CR2E034 (11/98)

0199722