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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000031174 (1)

LAUREL STREET MUSIC, INC.

FILED May 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2048 LAUREL STREET 2048 LAUREL STREET TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3372987 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zio Country $Z_{\rm ID}$ This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **CORPORATION SERVICE COMPANY** Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BARRY, ALEXANDER NAME **1.2 NAME 2048 LAUREL STREET** STREET ADDRESS 1.3 STREET ADDRESS **TALLAHASSEE FL 32303** 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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,

A March A

4/21/00

(000) 201 - 3000