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

DOCUMENT # P96000031174

1. Corporation Name

LAUREL STREET MUSIC, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90025 040 ***158.75



		1 :					
Principal Place	/	Mailing Address	/				
2048 LAUREL S TALLAHASSEE		2048 LAUREL STREET TALLAHASSEE FL 32303	\checkmark		DO NOT WRITE IN TH	S SPACE	
(3. Date incorporated or Qualifed		
		,			04/09/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	olied For
21 223		26		59-3372987		: Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	dditional	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zíp	_	untry	8. This corporation owes the current year f	-	4
24	25	29	30		Personal Property Tax.	☐ Yes	XINO
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registers	d Agent	
COR	RPORATION SERVICE COMPANY	•		oi Name			
1:201 HAYS STREET				82 Street Aildr	ress (P.O. Bo:: Number is Not Acceptable)		
	LAHASSEE FL 32301			83			
				84 City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050); and 607.1508, Florida Stat	utes, the a	bove-named corp	oration submits this statement for the nurnose	of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was	authonze	d by the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
1	in tamiliai with, and ascept the obliga	at ons or, decalon our todo, i	ronda Otal	utos.			
SIGNATURE	Signature, typed or printed name of registered age	m: and title if applicable (NO	TE Registered	Agent signature require	d when reinstating) DATE		
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	FIS IN 12
TITLE	P	☐ DELETE	1.1 T	TLE		☐ Change	☐ Addition
NAME	Barry, Alexander	1.2 N		AME			
STREET ADDRESS	2048 LAUREL STREET	. 1.3 ST		TREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303	·	1.4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TI	TLE		Change	☐ Addition
NAME			2.2 N	AME			
STREET ADDRESS			2.3 S	TREET ADDRESS			
CITY-ST-ZIP			2.40	CITY-ST-ZIP			
TITLE		☐ DELETE	31T	ITLE .		Change	Addition
NAME			3.2 N	AME			
STREET ADDRE 3S			3.3 S	TREET ADDRESS			
CITY-ST-ZIP			3.4. (CITY-ST-ZIP			
TITLE	{	☐ DELETE	4.1 Ti	TLE		Change	☐ Addition
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			440	ΠΥ-ST-ZIP			
TITLE		☐ DELETE	5.1 T	I .		Change	Addition Addition
NAME			52N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 T	ITLE		Change	☐ Addition
NAME			6.2 N	AME			

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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNAG OFFICER OR DIRECTOR

(212) 995-2894