## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000033969 (2)

TOTAL MUSIC DISTRIBUTORS, INC.

FILED Apr 06 1998 8:00am Secretary of State

|   |  |  |                      |  | - 1 188   BB  118   BB  18   B | /// <b>##</b>    <b>##</b>        |             | .             | 181        |                |
|---|--|--|----------------------|--|--|-----------------------------------|-------------|---------------|------------|----------------|
| Principal Place of Business Mailing Address  TOTAL MUSICS DISTRIBUTORS TOTAL MUSIC DISTRIBUTORS INC |  |  |                      |  |  |                                   |             |               |            |                |
|   |  |  |                      |  |  |                                   |             |               |            |                |
|   | AND PARK BLVD<br>RDALE FL 33334                        | 1050 E OAKLAND PARK BLVD<br>FORT LAUDERDALE FL 33334<br>US |                      |  |  | DO NOT WRITE IN THIS SPACE        |             |               |            |                |
| US CAUDER   | IDALE PL 33334   |  |                      |  |  | 3. Date Incorporated or Qualified |             |               |            |                |
|   |  |  |                      |  |  | 04/18/1996                        |             |               |            |                |
| 2. Principal P  | lace of Business                                       | 2a. Mailing Address  |                      |  | <del></del>  | 4. FEI Number                     |             |               | Applied I  | For            |
|   | MUSIC DISTRIBUTOR                                      | 326  |                      |  |  | 65-0688794                        |             |               | Not Appl   | licable        |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |  |                      |  |  |                                   |             | \$8.          | 75 Additio | nal            |
| <del>-</del>  | E. OAKLAN ROK BLI                                      | 27   |                      |  |  | 5. Certificate of Status Desired  | Ш           | •             | e Required |                |
| City & State City & State   |  |  |                      |  |  | 6. Election Campaign Financing    |             | \$5.00 May Be |            |                |
| 23 FORT LAUDERCALE, FL. 28  |  |  |                      |  |  | Trust Fund Contribution           |             |               |            |                |
| Zip   | Count  | try  |                      | 8. This corporation owes or has paid the current year Inlangible |  |                                   |             | le            |            |                |
| 24 33?  | 30   |  |                      | Personal Property Tax due June 30. Yes 🔽 No                      |  |                                   |             |               |            |                |
|   | g, Name and Address of Current                         | Registered Agent   |                      |  |  | 10. Name and Address of New R     | egistered / | Agent         |            |                |
| WL  | MC REGISTERED AGENTS, INC.                             |  | 8                    | n  | Name   |                                   |             |               |            |                |
| 701 BRICKELL AVE.<br>SUITE 2000<br>MIAMI FL 33131   |  |  |                      | 12   | Street Address (P.O. Box Number is Not Acceptable)   |                                   |             |               |            |                |
|   |  |  |                      |  |  |                                   |             |               |            |                |
|   |  |  |                      | 3  |  |                                   |             |               |            |                |
|   |  |  | -                    |  |  |                                   |             |               | 7:- O+#+   |                |
|   |  |  | *                    | 14   | City   |                                   | FL          | 85            | Zip Code   |                |
|   | Signature typed or printed name of registered agent    |  |                      | Ager   | nt signature require   | d when reinstating)               | DATE        |               | CTORE IN 1 |                |
| 12.   | OFFICERS AND   |  | 13.                  | _  |  | ADDITIONS/CHANGES TO OFFI         | CERS AND    | DIREC<br>Cha  |            | 12<br>Addition |
| TITLE   | PSTD MADIO   | ☐ DELETE   | 1.1 1 11             |  |  |                                   |             |               | ⊪ige LLIr  | TOURIUT        |
| NAME  | PALMIERI, MARIO  | DICO A ADT AS  | 1.2 NAM              |  |  |                                   |             |               |            |                |
| STREET ADDRESS  | AV. PRINCIPAL DE CAURIMARI<br>EL CAFETAL, CARACAS VENE |  |                      |  | ADDRESS  |                                   |             |               |            |                |
| City-ST-ZIP   | EL CAPETAL, CARACAS VENE                               | DELETE   | 1.4 C(TY<br>2.1 T TL |  | I - ZIP  |                                   | <del></del> | Cha           | noe II     | Addilion       |
| TITLE   |  | □ beceie   |                      |  |  |                                   |             |               | mgc ∟ r    | <b>TOURISH</b> |
| NAME  |  |  |                      | 2.2 NAME<br>2.3 STREET ADDRESS                                   |  |                                   |             |               |            |                |
| STREET ADDRESS  |  |  | 1                    |  |  |                                   |             |               |            |                |
| CITY-ST-ZIP   | DELETE   |  |                      |  | T-ZIP  |                                   |             | Cha           | inge 17    | Addilion       |
| TITLE<br>NAME   |  |  | 3.1 TITU<br>3.2 NAM  |  |  |                                   |             |               | 'السو      |                |
| STREET ADDRESS  |  |  | 1                    |  | ADDRESS  |                                   |             |               |            |                |
|   |  |  | 3.4. CIT             |  |  |                                   |             |               |            |                |
| CITY-ST-ZIP TITLE   |  | DELETE   | 4.1 TITL             |  | 1-711  |                                   |             | Cha           | ange 🔲 /   | Addition       |
| NAME  |  | bear 1 to  | 4. 2 NA              |  |  |                                   |             |               |            |                |
| STREET ADDRESS  |  |  | •                    |  | ADDRESS  |                                   |             |               |            |                |
|   |  |  |                      |  |  |                                   |             |               |            |                |
| CITY-ST-ZIP<br>TITLE  |  |  |                      | 4 4 CiTY-ST-ZIP<br>5 1 TiTLE                                     |  |                                   |             | Cha           | ange /     | Addition       |
| NAME  |  |  | 5.2 NAM              |  |  |                                   |             |               |            |                |
| STREET ADDRESS  |  |  |                      |  | ADDRESS  |                                   |             |               |            |                |
| CITY-ST-ZIP   |  |  | 5.4 CiTY             |  |  |                                   |             |               |            |                |
| TITLE   |  |  |                      | 61 TITLE   |  |                                   |             | Cha           | ange 🔲 /   | Addition       |
| NAME  |  |  | 6.2 NAM              |  |  |                                   |             |               |            |                |
| STREET ADDRESS  |  | 1  |                      |  | ADDRESS  |                                   |             |               |            |                |
| CHILL DUDING  | 1  |  |                      |  |  |                                   |             |               |            |                |

64 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 for 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.