

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
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90031 025 ***150.00

DOCUMENT # P96000042974

1. Corporation Name

CHRIS CRANE MUSIC, INC.

Principal Place of Business

4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0668953

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 9156 Collins Ave

2a. Mailing Address

26 9156 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 301

27 Unit 301

City & State

City & State

23 Surfside

28 Surfside

Zip Country

Zip Country

24 33154

29 33154

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E
4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Christopher G. Crane

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

9156 Collins Ave

83 Unit 301

84 City Surfside

FL

85 Zip Code

33154

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)

4/22/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME CRANE, CHRISTOPHER G
STREET ADDRESS 4360 NORTHLAKE BLVD., STE. 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE P, D
1.2 NAME CHRISTOPHER G. CRANE
1.3 STREET ADDRESS 9156 Collins Ave, Unit 301
1.4 CITY-ST-ZIP Surfside, FL 33154

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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

4/22/99

305 795-2687

Date

Daytime Phone #

0329731

CR2E034 (1/1/98)