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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business: 21 9156 Collins Ave
 Suite, Apt. #, etc.: 22 Unit 301
 City & State: 23 Surfside
 Zip: 24 33154
 2a. Mailing Address: 26 9156 Collins Ave
 Suite, Apt. #, etc.: 27 Unit 301
 City & State: 28 Surfside
 Zip: 29 33154

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

9. Name and Address of Current Registered Agent
 WASHOFSKY, 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 City: 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] DATE: 4/22/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, D
NAME	CRANE, CHRISTOPHER G	1.2 NAME	CHRISTOPHER G. CRANE
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 205	1.3 STREET ADDRESS	9156 Collins Ave, Unit 301
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Surfside, FL 33154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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] DATE: 4/22/99 DAYTIME PHONE #: 305 795-2687

CR2E034 (1/1/98)