

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

FILED

Apr 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000047235 (2)**

1. Corporation Name  
**MASCOT MUSIC GROUP, INC.**

Principal Place of Business  
**2550 DOUGLAS RD. SUITE #300-A  
CORAL GABLES FL 33134**

Mailing Address  
**2550 DOUGLAS RD. SUITE #300-A  
CORAL GABLES FL 33134-6124**

3. Date Incorporated or Qualified  
**05/28/1996**

3a. Date of Last Report

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 1313 PONCE DE LEON BLVD</b> | 2a. Mailing Address<br><b>26 1313 PONCE DE LEON BLVD</b> |
| Suite, Apt. #, etc.<br><b>22 301</b>                                | Suite, Apt. #, etc.<br><b>27 301</b>                     |
| City & State<br><b>23 CORAL GABLES, FL</b>                          | City & State<br><b>28 CORAL GABLES, FL</b>               |
| Zip<br><b>24 33134</b>  | Country<br><b>25 DADE</b>                                |
| Zip<br><b>29 33134</b>  | Country<br><b>30 DADE</b>                                |

4. FEI Number  
**65-0674280**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEVIN, NORMAN M  
2550 DOUGLAS RD, SUITE #300-A  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>NORMAN M. SEVIN</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1313 PONCE DE LEON BLVD</b> |
| 83<br><b>SUITE 301</b>  |
| 84 City<br><b>CORAL GABLES</b>  |
| 85 Zip Code<br><b>FL 33134</b>  |

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 *Norman M. Sevin* **NORMAN M. SEVIN**

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br><b>PSTD</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>LEONARD, REBECCA J</b>                      |  |
| STREET ADDRESS<br><b>2550 DOUGLAS RD, SUITE #300-A</b> |  |
| CITY-ST-ZIP<br><b>CORAL GABLES FL 33134</b>            |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS   |  |
| CITY-ST-ZIP  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |
|---|--|
| 1.1 TITLE<br><b>PRESIDENT/TREASURER/DIR.</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>MATTHEW KLEIN</b>                          |  |
| 1.3 STREET ADDRESS<br><b>1313 PONCE DE LEON BLVD #301</b> |  |
| 1.4 CITY-ST-ZIP<br><b>CORAL GABLES, FL 33134</b>          |  |
| 2.1 TITLE<br><b>CHIEF EXECUTIVE OFFICER/</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME<br><b>SCOTT W. SEVIN SECRETARY/DIR.</b>          |  |
| 2.3 STREET ADDRESS<br><b>1313 PONCE DE LEON BLVD #301</b> |  |
| 2.4 CITY-ST-ZIP<br><b>CORAL GABLES, FL 33134</b>          |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY-ST-ZIP   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY-ST-ZIP   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY-ST-ZIP   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY-ST-ZIP   |  |

14. I do 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.

SIGNATURE: *Scott W. Sevin* **SCOTT W. SEVIN** 4/16/97 (305) 443-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)