## <u>ile n</u>ow: filing fee after may 1 is \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortic m Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600060460 (8)

ZAP RECORDS, INC.

FILED
Feb 19 1997 8:00am
Secretary of State

EH ED

Principal Plac	e of Business	Mailing Address		T TOO THE STATE ST
SUITE 300	DMMERCIAL BOULEVARD	2200 WEST COMMERCIAL SUITE 300 FORT LAUDERDALE FL 33		
				3. Date Incorporated or Qualified 07/17/1996 3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27 City & Ctata		Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	8. This corporation has liability for intangible tax ander s 199.032.  Florida Statutes  Yes  No
24	g. Name and Address of Curre		301	10. Name and Address of New Registered Agent
IAV	ENDER, JOEL R		81 Name	Ne L. L. L
	SOUTHEAST 11TH COURT		82 Stree	et Address (P.O. Box Number is Not Acceptable)
FOR	IT LAUDERDALE FL 33316		62 Stree	2200 W. CONNECCIAL BULL
,			83	#
ļ			24 2	300
,			84 City	FT lauderdale FL 85 Zip Cooley
11. Pursuary	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	es, the above-name	ed corporation submits this statement for the purpose of changing its registered
office of r	egistered agent, or both, in the Stat- m familiar with <del>, and acce</del> pt the oblid	e of Florida. Such offange was a pations of Section 607.4505	uthorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		1111111	CFO	111494
SIGNATORE	Signature, typed or printed name of registered as	cent and fills if applicable (NOTE		ture required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	DP	☐ DELETE	1.1 TITLE	DIPIV Change Addition
NAME	ZIMMERMAN, JORDAN	A. II = 1.1 mm	1.2 NAME	
STREET ADDRESS	2200 WEST COMMERCIAL B		13 STREET ADDRESS	S
CITY - ST - ZiP	FORT LAUDERDALE FL 3330		1.4 CITY - ST - ZIP	
TITLE	DVST	☐ DELETE	2,1 TITLE	> 1 s l T
NAME	VALDES, DAVID	NIII CAND	22 NAME	
STREET ADDRESS	2200 WEST COMMERCIAL BO		23 STREET ADDRESS	S
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		2 4-CITY-ST-ZIP	
TITLE		☐ DELETÉ	3 1 TITLE	Change Addition
NAME CARCEL ADDRESS			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	S
CITY-ST-7IP TITLE	* * * * * * * * * * * * * * * * * * *	DELETE	3.4. CITY - ST - ZIP	Change
NAME			4 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME	
			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<u></u>	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		_ out.it	5.2 NAME	Change C Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	
NAME			6.2 NAME	_02/19/9701981018
STREET ADDRESS			6.3 STREET ADDRESS	0000020923±0 change □ Addition -02/19/9701081018 ***173.75
CITY-ST-ZIP			6.4 CITY - ST - ZIP	1 mmm113.13 VB July
	u partify that the information availa	3 30 0 0	0.4 CHT - ST-ZP	20-1

I do hereby certify that the information supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indivated 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 office 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.

11ADL

061.80-7900