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

Mailing Address C /O MADILVAL MEDD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071471

1. Corporation Name

Principal Place of Business

MUSIC WITH A MESSAGE INC.

US	STREET. #6 ALE FL 33306-2016 ace of Business #, etc.	2841 N.E. 32ND STREET. #6 FORT LAUDERDALE FL 33306-2016 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State				DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualifed 08/26/1996 4. FEI Number 65-0690754 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution			Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
Zip				untry		This corporation owes the curre Personal Property Tax.	ent year Intar	ngible	25 por	
24 25 29 30			_					TINO I		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	egistereu A	T em		
WEBB, MARILYN				82		ddress (P.O. Box Number is Not Accepta	hle)	 		
	NE 32ND STREET		<u> </u>			duress (1:0. box Number 15 Not Necepta				
STE #6 FORT LAUDERDALE FL 33306-2016			83							
FORT LAUDERDALE FC 33300-2010			84	City		FI	85 Zig	p Code		
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 arm 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) DATE										
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND			
TITLE	DPST DELETE 1.1		TITLE				☐ Change	e 📋 Addition		
NAME	WEBB, MARILYN W		121	AME						
STREET ADDRESS	2841 NE 32BD STREET, #6		1.3 9	TREET	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33306-			CITY-\$1	ſ-ZiP			Change	e 🔲 Addition	
TITLE		☐ DE			-				s L/ Addition	
NAME			ľ	VAME						
STREET ADDRESS			B C		T ADDRESS					
CITY-ST-ZIP			CITY-S	1-ZP			☐ Change	e		
NAME				NAME						
STREET ADDRESS			3.3 \$	STREET	r address					
CITY-ST-ZIP			3.4. (CITY-S	r-zip					
TITLE		□ DE	LETE 4.1 T	IIITE				Change	e Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3 5	STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	r-zip	<u> </u>		Change	e	
TITLE				IIILE					E [_] Addition	
NAME				NAME STOCET	T ADDRESS					
STREET ADDRESS				CITY-SI						
CITY-ST-ZIP		[] ns		IIILE	-21			Chang	e Addition	
TITLE				VAME						
NAME			1							

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP