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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081706

1. Corporation Name

MUSIC AND RECORDING SUPERSTORE, INC.

			_			
Principal Place of Business Mailing Address						1 (66)(60) (10 15:10 6)(1) \$5(5) 85(1) 62(6) 83(6) 10:10 10:10 10:10 10:10 10:10 10:10 10:10 10:10 10:10 10:10
5300 NORTH PO	OWERLINE ROAD	5300 NORTH POWERLINE	ROAD			
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309						DO NOT WRITE IN THIS SPACE
1						Date Incorporated or Qualifed
						10/02/1996
		2n Mailing Address				4. FEI Number Applied For
2. Principal Pl	2a. Mailing Address	ng Address			65-0711685 Not Applicable	
21 26 Suite Apt. # etc. Suite Apt. #, etc.				\$8.75 Additional		
				5. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
	-	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Col	intry		8. This corporation owes the current year intangible
⊢ ¬ '	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Cui		130	Τ		10. Name and Address of New Registered Agent
	3. Name and Address of Ga	Total August		81	Name	
BEGELMAN, MARK				L		
5300 NORTH POWERLINE ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33309				83		
				84	City	FI 85 Zip Code
	A - 11	OFFICE and FOT 4509 Florido Ctate	ton the	<u> </u>	nomod o	corporation submits this statement for the purpose of changing its registered
l office or t	enistered agent of both in the St	ate of Florida. Such change was	authorize	o ov	the comor	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Stat	utes	•	
SIGNATURE						quired when reinstating) DATE
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	u Agei	ir signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T	m e		Change Addition
	BEGELMAN, MARK	2		AME		
NAME	FACE NO POMEDINE BOAD				T ADDRESS	
STREET ADDRESS			- 1		Į.	
CITY-ST-ZIP	FI. LAUDENDALE FL 33309			ITY-S	1-212	☐ Change ☐ Addition
TITLE		□ Dereie	2.1 TITLE 2.2 NAME			L. Stange
NAME						
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE					Ì	Contained Contained
NAME			3.2 N			
STREET ADDRESS			3.3 S	TREE	T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	4.1 T			☐ Change ☐ Addition
NAME			4.21	AME	1	
STREET ADDRESS			4.3 S	TREE	TADDRESS	
COTY ST 7ID			440	TY-S	T-7IP	

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 combatton 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 charged dr on an alactiment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

☐ Cha∩ge

☐ Addition

Addition