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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

DOCUMENT # **P96000092130** (9)

THE COMPACT DISC CORPORATION OF AMERICA

Principal Place of Business Mailing Address 2717 SEVILLE BLVD. #14207 2717 SEVILLE BLVD. #14207 **CLEARWATER FL 34624 CLEARWATER FL 34624-1171** 3. Date Incorporated or Qualified Date of Last Report First Time Kil 11/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, **Florida Statutes** Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOXX, ALAN J 2717 SEVILLE BLVD. #14207 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34624** 83 84 Zip Code 85 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, typed or printed name of registered agent and title if applicable (NCITE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change 1 Addition 1.4 TITLE TITLE CEO 1.2 NAME NAME Alan FOXX 2717 Seville Bld. *14207 STREET ADDRESS 1.3 STREET ADDRESS clearwater FL 34624 City-St-ZIP 1.4 CITY - \$1 - ZIP Change President Addition DELETE 2.1 TITLE TITLE Julie Schoenberger 1310 Bay Harbor Dr. \$306 NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2. 4 C(1Y - S1 - ZIP Harbor FL 34685 Change DELETE Addition TITLE 3.1 TILLE 3.2 NAME NAME 3.B STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.8 STREET ADDRESS 5.4 CiTY-S1-7iP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE

62 NAME

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address

63 STREET ADDRESS

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

28/97 8/3-726-8073