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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000092293 (5) SOUND AUTHORITY MUSIC PRODUCTIONS INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 18 1997 8:00am Secretary of State



5714 SW 371H ST. HOLLYWOOD FL 33023		5714 SW 371H ST. HOLLYWOOD FL 33023-6114			
4			3. Date incorporated or Qualified 11/12/1996	3a, Date of Last F	leport
2. Principal Place of Business	2a. Mailing Address	سنة ١	4. FEI Number	MA	pplied For
21 5714 SW 37 ST	26 5714 SW	37 ST	45-0724066		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State Hollywood Flor			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country 25 US+		30 OSA		Yes No	. 199.032,
	of Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
GUTIERREZ, JOAO		81 Name	·		
5714 SW 37TH ST. HOLLYWOOD FL 33023		82 Street Add	fress (P.O. Box Number is Not Acceptat	yle)	
		83			
		84 City		FLI	Code
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508. Florida Statute n the State of Florida. Such change was a n the obligations of, Section 607.0505, Flo	es, the above-named cor	poration submits this statement for the patient's heard of directors.	ourpose of changing i	ts registered
agent I am familiar with, and accep	the obligations of, Section 607.0505, Flo	rida Statutes.	stiorra board of directors. Thereby accep	of the appointment de	rogistorod
SIGNATURE					
		: Flegislered Agent signature requ		DATE	20 11110
· · · · · · · · · · · · · · · · · · ·	ICERS AND DIRECTORS	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
THE PRESIDENT		1.2 NAME	4		
STREEL ADDRESS STILL GW 3	S ST	1.3 STREET ADDRESS			
CITY-ST-ZIP HALLY WOOD OF	Florida 33023	1.4 CITY-ST-ZIP			
TITLE	DELETE	21 TITLE		Change	Addition
NAME	_	22 NAME		•	
STREET ADDRESS		2.3 STREET ADDRESS	•		
CITY-SI-ZIP		2. 4 CITY - ST - ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	•		
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	☐ DELETE	4.1 TITLE		- ☐ Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TO LE	☐ DELETE	5.1 TIFLE		Change	Addition
NAME		5.2 NAME			
STREET AUDRESS		5.3 STREET ADORESS			
CITY - \$1 - ZIP	T Deiese	5.4 CITY-ST-ZIP		Change	Addition
TIFLE	DELETE	6.1 TITLE		∟ ∪nange	L. AUGIBOR
NAME		6.2 NAME			
STREET ADDRESS		63 STREET ADDRESS			
City-St-ZiP		64 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 changed, or on an attachment with an address.