


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 OCT 27 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000097128 (8)

1. Corporation Name  
DEKOPA MUSIC, INC.

|  |  |
|--|--|
| Principal Place of Business<br>3762 CYPRESS FERN WAY<br>CORAL SPRINGS FL 33065 | Mailing Address<br>3762 CYPRESS FERN WAY<br>CORAL SPRINGS FL 33065 |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |    |                        |            |  |                                   |
|--------------------------------|----|------------------------|------------|--|-----------------------------------|
| 2. Principal Place of Business |    | 2a. Mailing Address    |            | 3. Date Incorporated or Qualified<br>12/02/1996  | 3a. Date of Last Report           |
| 21 Suite, Apt. #, etc.         | 26 | 27 Suite, Apt. #, etc. |            | 4. FEI Number<br>13-390-5942   | Applied For<br>Not Applicable     |
| 22 City & State                | 27 | 28 City & State        |            | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fee Required |
| 23 Zip                         | 28 | 29 Zip                 | 30 Country | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees    |
| 24                             | 25 | 29                     | 30         | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83  |  | 84 City   |  |
| 85  |  | 85 Zip Code<br>FL                                     |  |

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                        |   |                 |
|----------------------------|------------------------|---|-----------------|
| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
| TITLE                      | NAME                   | 1.1 TITLE   | 1.2 NAME        |
| NAME                       | 3762 CYPRESS FERN WAY  | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| STREET ADDRESS             | CORAL SPRINGS FL 33065 | 2.1 TITLE   | 2.2 NAME        |
| CITY-ST-ZIP                |                        | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
| TITLE                      | NAME                   | 3.1 TITLE   | 3.2 NAME        |
| NAME                       |                        | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
| STREET ADDRESS             |                        | 4.1 TITLE   | 4.2 NAME        |
| CITY-ST-ZIP                |                        | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
| TITLE                      | NAME                   | 5.1 TITLE   | 5.2 NAME        |
| NAME                       |                        | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
| STREET ADDRESS             |                        | 6.1 TITLE   | 6.2 NAME        |
| CITY-ST-ZIP                |                        | 6.3 STREET ADDRESS                                    | 6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E034 (4/97)