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

**PROFIT** COBPORATION ANNUAL REPORT 1998 DOCUMENT # PLAYERS MUSIC, INC. Principal Place of Business

ELORIDA DEPARTMENT DE STATE

## \$andra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000102772 (6)

9418 SEMINOLE BLVD

9418 SEMINOLE BLVD

Mailing Address

## **FILED** May 21 1998 8:00am Secretary of State



**SEMINOLE FL 33772** SEMINOLE FL 33772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1996 2. Principal Place of Business Applied For 2a. Mailing Address FEI Number 21 59-3420834 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FIELD, REBECCA K 4066 39TH AVE N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33714 83 84 City Zip 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registored Agent signature required when rainstating) Signature, typed or profed name of registered agent and bild if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1170LE FIELD, REBECCA A NAME 1.2 NAME 4066 39 AVE N. STREET ADDRESS 1.3 STREET ADDRESS **SEMINOLE FL 33772** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ... Addition TITLE 5.1 7/TEF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 6.1.7(TLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 suppliemental 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 of 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 il changed, or on an attachment with an address.

**GNATURE:**