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Feb 08, 1999 8:00am

Secretary of State

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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporatio	IN MUSIC, INC.	001869			
Principal Plac	ce of Business	Mailing Address	· ·		AL BUILDS (1900) (DISU DISTO (DIS (DE)
1211 SEMORA	N BOULEVARD .	1211 SEMORAN BOULEVA	RD		
SUITE 171 SUITE 171					
CASSELBERRY FL 32707 CASSELBERRY FL 32707 US US				DO NOT WRITE IN TH	IS SPACE
03		00		3. Date Incorporated or Qualifed	
2. Principal F	Place of Business	2a. Mailing Address		01/02/1997 4. FEI Number	Applied For
<u> </u>	21 26			59-3424463	Applied For Not Applicable
		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State City & St		City & State		6. Election Campaign Financing	\$5.00 May Be
23	23 28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
				10. Name and Address of New Registere	d Agent
CAMPBELL, JOHN M					
1211 SEMORAN BOULEVARD 82 Street Addre				dress (P.O. Box Number is Not Acceptable)	
CHITE 474			83	 	
CASSELBERRY FL 32707			00		2014年,李明代的
84 City				F	85 Zip Code
office or a agent. I a SIGNATURE	registered agent, or both, in the State of im. familiar with, and accept the obligation of the state of the s		uthorized by the corporal rida Statutes. Registered Agent signature requi	rporation submits this statement for the purpose of the purpose of the statement of the purpose of the pu	ointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROUSSIN, MICHAEL R		1.2 NAME		
STREET ADDRESS	1211 SEMORAN BOULEVARD, \$	SUITE 171	1.3 STREET ADDRESS		
C/TY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP	77-4	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	· '		2.2 NAME	•.	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	1. S. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		3.2 NAME		
STREET ADDRESS	1.4		3.3 STREET ADORESS		A transfer of
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		□ Change . □ Addison
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	• 4	<i>₹</i>	4.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	, an a	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP	in the second se		5.4 CITY-ST-ZIP		* 1
TITLE		☐ DELETE	6.1 TITLE		Change Addition
			CONME		• , • •

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 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 attact trient with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 C/TY-ST-Z/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP