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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003243 (7)

MUSIC USA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State



1610 LENOX AVENUE. SUITE PH9 MIAMI BEACH FL 33139		POST OFFICE BOX 1909 MIAMI BEACH FL 33119	POST OFFICE BOX 190945 MIAMI BEACH FL 33119		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/13/1997
2. Principal Place of Business 21		2a. Mailing Address 26	<u>├-</u> `		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		6. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED					
343 ALMERIA AVENUE Coral Gables FL 33134			L		dress (P.O. Box Number is Not Acceptable)
			8	3	
			8	4 City	FL 85 Žip Code
11 Purculant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-pamed 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 Stoneture, typod or printed harve of rigistered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	Signature, typed or printed hand of registered a	agent and bite if applicable (NO. IND DIRECTORS	13.	igeni signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	: T	☐ Change ☐ Addition
NAME	BUDMEN, LAWRENCE E		1.2 NAM	£	
STREET ADDRESS 1610 LENOX AVENUE, SUITE PH9			1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			- ST - ZIP	
TITLE	DELETE		2.1 TITLI		☐ Change ☐ Addition
NAME			2.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	DELETE			-ST-ZIP	Change Addition
TITLE	∟ DELETE				Change
NAME			3.2 NAM	ET ADDRESS	
STREET ADDRESS				-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITU		Change Addition
NAME		<del></del>	. 4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	- SY-ZIP	
TITLE		DELETE	5.1 TITU		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP				- S1 - ZIP	
TITLE		☐ DELETE	6.1 T(TL)		Change Addition
NAME			6.2 NAM		
STREET ADDRESS				E1 ADDRESS	
CITY-ST-ZIP	portify that the information available	with the films does not qualify		-ST-ZIP	n Section 119 07(3)(i) Florida Statutes, I further certify that the information

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 eath; 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 13 if chapter 607 or or an attachment with an address.

men 4-27

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