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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000039186 (6)

KNIG	HT MUSIC CORPORATION	•			18 1878 1888 1888 JUNE BULLAN
Principal Plac	e of Business	Mailing Address		{	
6942 MARION AVE 6942 MARION AVE MARGATE FL 33063 MARGATE FL 33063			DO NOT WRITE IN THIS S PACE		
				3. Date Incorporated or Qualified	
				05/02/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0762779	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 g. Name and Address of Currer	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes A No
		it tregisteren Agent	81 Name	(U. Marino dilid Address of New Hegistero	a yanı
SLIGER, ANAMARIA 6942 MARION AVE MAR G ATE FL 33063			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			84 City	F	85 Zip Code
agent. Fa	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	22 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named corp uthorized by the corporat rida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title 4 applicable (NOTE	Registered Agent signature requir	rod when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SLIGER, ANAMARIA		1.2 NAME		
STREET ADDRESS	6942 MARION AVE		1.3 STREET ADDRESS		
CFTY-ST-ZIP	MARGATE FL 33063	D 05.575	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TiTLE		Change Addition
NAME		D Detect	3.2 NAME		C Ounide C Mountain
STREET ADDRESS			3.3 STREET ADDRESS		
			i i		
CITY-ST-ZIP TITLE		☐ DELET E	3.4. CITY- ST-7)P 4.1 T(TLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
A					

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 attachment with an address.