

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043645 (5)**

1. Corporation Name

TWISTED OAK RECORDS, INC.



Principal Place of Business

Mailing Address

**3101 VINE STREET
ORLANDO FL 32806**

**3101 VINE STREET
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3101 VINE STREET	26	4524 CURRY FORD RD.	05/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3479958	
22		27	SUITE 528	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
ORLANDO, FLORIDA		ORLANDO, FLORIDA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	ORLANDO, FLORIDA	28	ORLANDO, FLORIDA		
24	32806	29	32812		
25	USA	30	USA		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22, SUITE 211
ORLANDO FL 32819-7610**

81	Name	CARMICHAEL, BLAIR	
82	Street Address (P.O. Box Number is Not Acceptable)	1500 EDMUNDSHIRE LANE	
83			
84	City	ORLANDO	FL
85	Zip Code	32806	

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	VPD
NAME	EVANS, GREGORY H	1.2 NAME	EVANS, GREGORY H.
STREET ADDRESS	3101 VINE STREET	1.3 STREET ADDRESS	3101 VINE STREET
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D	2.1 TITLE	PDT
NAME	CARMICHAEL, BLAIR	2.2 NAME	CARMICHAEL, BLAIR
STREET ADDRESS	1500 EDMUNDSHIRE LANE W	2.3 STREET ADDRESS	1500 EDMUNDSHIRE LANE
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	PD	3.1 TITLE	SD
NAME	WHITACRE, WILLIAM L	3.2 NAME	FERKICH, JANE M.
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA, BLDG 22, #211	3.3 STREET ADDRESS	3101 VINE STREET
CITY-ST-ZIP	ORLANDO FL 32819-7610	3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32806
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

BLAIR CARMICHAEL 3/8/98/407 8951177

CR2E034 (10/97)