

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

**FILED**  
**Mar 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000047287 (2)**  
 1. Corporation Name  
**JAM RIGHT RECORDS, INC.**



Principal Place of Business	<b>JAM RIGHT RECORDS, INC.</b> 12555 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2597	Mailing Address	12555 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2597
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 13091 N.W. 43RD AVE Suite, Apt. #, etc.	26 13091 N.W. 43RD AVE Suite, Apt. #, etc.
22 A-9 City & State	27 A-9 City & State
23 OPA-LOCKA, FLORIDA Zip Country	28 OPA-LOCKA FLORIDA Zip Country
24 33054 25 USA	29 33054 30 USA

3. Date Incorporated or Qualified	05/27/1997
4. FEI Number	65-0781673
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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

9. Name and Address of Current Registered Agent

ROGERS, LAKESHA 12555 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2597	ROGERS, AIVIN JAM RIGHT RECORDS, INC. c/o LeJone Commercial Center 13091 NW 43rd Avenue, Suite #A-9 Opa-Locka, Florida 33054-4429
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10. Name and Address of New Registered Agent

81 Name	AIVIN ROGERS, II
82 Street Address (P.O. Box Number is Not Acceptable)	JAM RIGHT RECORDS, INC. c/o LeJone Commercial Center 13091 NW 43rd Avenue, Suite #A-9
83 City	Opa-Locka, Florida 33054-4429
84	FL
85 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/1/98

12. OFFICERS AND DIRECTORS

TITLE	RT	<input type="checkbox"/> DELETE
NAME	ROGERS ALVIN ET	
STREET ADDRESS	17141 N.W. 43 CT	
CITY-ST-ZIP	MEANE FL 33055	
TITLE	VP/T	<input type="checkbox"/> DELETE
NAME	ROGERS LAKESHA	
STREET ADDRESS	17141 N.W. 43 CT	
CITY-ST-ZIP	MEANE FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: 3/1/98 (305) 688-9526

CR2E034 (10/97)