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

.PROFIT CORPORATION · ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthams "

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

P97000053637 (9)

## **FILED** Mar 31 1998 8:00am Secretary of State

PLATINUM AND GOLD RECORDING AND PUBLISHING COMPA NY						
Principal Place of Business Mailing Address						E HOUNDEN HIE IBINI TOOTH EDHIN ODHUN BUNDE DINBE HIND HINDE HOOM
7860 GLADES ROAD 7860 GLADES ROAD						
BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/17/1997
2. Principal Place of Business / / / 2a. Mailing Address						4. FEI Number Applied For
21 766 CAnder Rd 26 Same			e	·		65-0764049 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						CR 75 Additional
22 220						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 tour Mun 28						Trust Fund Contribution Address to Fees
- 427/	20 Country	Zip	<b>⊢</b> –¬	untry	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24 427	g Name and Address of Curren	29 29 Agent	30	т-		Personal Property Tax due June 30.
1416				81	Name	195
	drlowide corporate servici Ie <b>fi</b> nancial plaza, suite 262			oxdot		
	RT LAUDERDALE FL 33394	:0		82	Street Ad	Address (P.O. Box Number is Not Acceptable)
,,,	M PUDEUDYEE I E 00084			83		
	•				- Air	
	•			84	City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE						corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
40	Signature, typied or printed name of registered age OFFICERS ANI		(NOTE: Registere	d Age	ent signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Clantered	DEL		ITI F		Change Addition
NAME	Torry RItches			1.2 NAME		
STREET ADDRESS	EET ADDRESS 7/2 G A A TO TO TO THE STATE OF			1.3 STREET ADDRESS		
CITY-ST-ZIP	Bota Jalin	FL- 3348	-/	ITY-S		
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CITY-ST-ZIP	BOCA finling	Z 3348	2.40	ITY-S	ST-ZIP	
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CITY-ST-ZIP			***	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
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NAME ethert annarer			62 N		ADDOCOD	,
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	partify that the information supplied wi	ith this filing door not a		ITY-S		Lin Section 119 07/3Vi) Florida Statutes   further certify that the information

reflect coming that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 12 or Block 13 if changed, or on an attachment with an address.