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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700054628

WIEDERSUM ENTERPRISES, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90204 013 ***150.00



Principal Place of Business Mailing Address					I INEILEM ILM INIII SEULI DUSSI MUSIC MUSIC MUSIC		
16 MALVERN LANE 16 MALVERN LANE STONY BROOK NY 11790 US US			. :		DO NOT WRITE IN THI	S SPACE	
					3. Date incorporated or Qualifed 06/19/1997		
Principal Place of Business 2a. Mailing Address							Applied For
· ·	Incipal Place of Business 26				65-0762337	Not Applicable	
26						\$8.75 Additional	
22)					5. Certificate of Status Desired	Fee Required	
	City & State Cit		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24	25				Personal Property Tax. Yes No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
	SERVING BOWAL E		8	1 Name			
WIEDERSUM, BRYAN F				2 Street Add	ress (P.O. Box Number is Not Acceptable)		•
2884 DUNGIN AD							
/ / · · ·	WY FL 33444	000044444	8	3			
V 288	14 POWING STONY	DROOK, NITH	40 B	4 City		85 Zi	p Code
Tole	AY Beach FL 3344	4				<u> </u>	
office or n	1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 O 1 - 1	of Florida. Such change was autho	orized b	ov the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the statement for the purpose on the purpose of the	of changing ointment as	registered registered
SIGNATURE						_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gent signature require		ND DIDEC	TODG (N. 12
12.	OFFICERS AN	D DIRECTORS ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	D MICDEDOLINA DOVAN	<u> </u>	1.1 TITLE				,
NAME	WIEDERSUM, BRYAN		1.2 NAMI				
STREET ADDRESS	10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			EET ADDRESS			Ì
CITY-ST-ZIP	STONY BROOK NY 11790		1.4 CITY			Chang	e Addition
TITLE	D		2.1 TITLE	- 1		onang	,
NAME	WIEDERSUM, ARDIS B		2.2 NAMI				
STREET ADDRESS	16 MALVERN LN			EET ADDRESS			
CITY-ST-ZIP	STONY BROOK NY-11790	□ DELETE		/-ST-ZIP		Chang	e Addition
TITLE	—		3.1 TITLE				,
NAME		:	3.2 NAMI				
STREET ADDRESS				EET ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY 4.1 TITLE	/-ST-ZIP		Chang	e
TITLE		[∪ UELETE					
NAME	,		4. 2 NAV				ł
STREET ADDRESS				EET ADDRESS			Ì
CITY-ST-ZiP		DELETE	4.4 CITY 5.1 TITLE		<u>·</u> ·	Chang	e Addition
TITLE		C DECELE	5.2 NAM				
NAME				EET ADDRESS			
STREET ADDRESS	}			-ST-ZiP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Chang	je Addition
TILE	·	[Detere	6.2 NAM				
NAME .				EET ADORESS			
STREET ADDRESS	`			1			İ
CITY-ST-ZIP			0.4 CHY	'-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 tristee 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, with all other like empowered.

SIGNATURE: 2