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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055970 (2)

MUSIC CONTROL PUBLISHING, INC.

Principal Place of Business Mailing Address						TIMI MILIM IMILL TANGL NUTE EANI
905 S BAYSH	905 S BAYSHORE DRIN	BAYSHORE DRIVE				
SUITE 1931	SUITE 1931			DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33131 MIAMI FL 33131					3. Date Incorporated or Qualified	7 OF NOL
					06/25/1997	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 6762715	Applied For
21		26			65-0762714	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Commeate of States Desired	Fee Required
		City & State	5 State		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip		28 Zin	Country		Trust Fund Contribution	Added to Fees
_ `	· · · · · · · · · · · · · · · · · · ·			ıу	8. This corporation owes or has paid the cu	urrent year Intanolofe Yes No
24	g, Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	
DI A	ASENCIA, RAUL JR			1 Name	104 transcent transcent transcent	
	5 S BAYSHORE DRIVE		L			
SUITE 1931			8	2 Street Ac	dress (P.O. Box Number is Not Acceptable)	
	AMI FL 33134		8	3	***	
******	4m 1 E 00 104		<u> </u>			
			l ⁸	4 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	ites, the abo	ve-named co	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	- ' '
 office or readent. La 	egistered agent, or both, in the Stat m familiar with, and accept the obti	ie of Florida. Such change was loations of Section 607.0505. F	: authorized Florida Statut	by the corpo es	ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		5		•••		
SIGNATORE	Signature, typed or printed name of registered a	igent and title if applicable. (NC	TE: Registered A	gent signature re	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAM			
STREET ADDRESS	P.O. BOX 45-1600		1.3 STRE	et address		
CITY-ST-ZIP	200		1.4 CITY			
TITLE			21 TITLE			Change Addition
NAME			2.2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELET e	2. 4 CITY 3.1 TITLE			Change Addition
NAME		LJ PECETE	3.1 TITLE 3.2 NAM			E otenite (El Munitoli
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				1		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		<u></u>	4. 2 NAM	-		
STREET ADDRESS				et address		ļ
CITY-ST-ZIP			4.3 STRE			
TITLE	 	☐ DÉLETÉ	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAMS			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TITLE	<u> </u>	DELETE	6.1 TITLE	- En		Change Addition
NAME		_	6.2 NAME			_ • •
CIDECT ADDRESS				T ADDOCCO		

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.