

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

FILED
Apr 22 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 # P97000075877 (5)

1. Corporation Name
INNER VISION MUSIC CORP.

Principal Place of Business
5435 NORTHWEST 10TH CT.
PLANTATION FL 33313

Mailing Address
5435 NORTHWEST 10TH CT.
PLANTATION FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7027 W. BROWARD BLVD. Suite, Apt. #, etc. 22 SUITE 305 City & State 23 PLANTATION FL. Zip 24 33317 Country 25 USA	2a. Mailing Address 26 7027 W. BROWARD BLVD. Suite, Apt. #, etc. 27 SUITE 305 City & State 28 PLANTATION FL. Zip 29 33317 Country 30 USA
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3. Date Incorporated or Qualified 09/02/1997	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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 SANTUCCI, MICHAEL I 2455 E. SUNRISE BLVD., STE. 410 FT. LAUDERDALE FL 33304	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	COCH, STEVE
STREET ADDRESS	5435 NORTHWEST 10TH CT.
CITY - ST - ZIP	PLANTATION FL 33313
TITLE	DV
NAME	BROWN, DANA
STREET ADDRESS	5435 NORTHWEST 10TH CT.
CITY - ST - ZIP	PLANTATION FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	OP
12 NAME	KOCH, STEVE
13 STREET ADDRESS	7027 W. BROWARD BLVD. # 305
14 CITY - ST - ZIP	PLANTATION FL 33317
21 TITLE	DV
22 NAME	BROWN, DANA
23 STREET ADDRESS	7027 W. BROWARD BLVD. # 305
24 CITY - ST - ZIP	PLANTATION FL 33317
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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: Steve Koch STEVE KOCH 4/15/98 954-581-6177

CR2E034 (10/97)