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

Mailing Address

4497 S.W. 50TH ST.

PROFIT CORPORATION ANNUAL REPORT

1**9**98

Principal Place of Business

4497 S.W. 50TH ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000080925 (5)

FULLRANGE PRODUCTION & RECORDING, INC.

FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 275491 N.W. 15TH St. 5491 N.W. 15 TH St Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired City & State Fee Required \$5.00 May Be 6. Election Campaign Financing Margate, Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 33063 9. Name and Address of Current Registered Agent USA Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 PERETZ, ANDREW B JOKN 501 ONE EAST BROWARD BLVD., STE. 620 **BARRETT & GRAVANTE** 83 FT. LAUDERDALE FL 33301 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. President) SIGNATURE NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Dresident Change Addition TITLE)res; $de \wedge \uparrow$ 1.1 TITLE ohnson NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33 o76 CITY-ST-ZIP 1.4 CITY-\$1-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIF Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. Thereby 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 trusted 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.

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6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

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4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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Apr 29 1998 8:00am

Secretary of State