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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90114 013 ***150.00

DOCUMENT # P97000083990 . Corporation Name	
IV LIFE RECORDS, INC.	

Principal Place of Business Mailing Address						i idditate ein inne inne inne inne inne	(dida mid idin	• 16111 6611 1441
2986 BARKWAY	DRIVE	2986 BARKWAY DRIVE						
COCOA FL 329	26	COCOA FL 32926			ł	· DO NOT WRITE IN THIS	SPACE	
US	-	US '	·	-	-	Date Incorporated or Qualifed		
1					ł	09/26/1997		}
2. Principal P	ace of Business	2a. Mailing Address		-	- t	4. FEI Number	A	pplied For
21		26				59-3489527	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			ľ	5. Certifcate of Status Desired	,	Additional
22		27					Fee R	lequired
City & State	9	City & State				6. Election Campaign Financing		May Be
23	<u>.</u>	28				Trust Fund Contribution		to Fees
Zip	Country ·	Zip ·	Countr	У		8. This corporation owes the current year Int	tangible □Yes	□No
24	25	29	30			Personal Property Tax.		NO
	9. Name and Address of Current	Registered Agent	8	Name		10. Name and Address of New Registered	Agent	
KIME	BROUGH, RICHARD B		ľ	i i saille				
	BARKWAY DRIVE		82	Stree	et Address	s (P.O. Box Number is Not Acceptable)		
	OA FL 32926		83					
	07.12 02020		0.	' [
			84	- City			85 Zip	Code
			utae tha ana	(e-name)	id cornora	ation submits this statement for the purpose of	changing it:	s registered
office or r	edictored agent or both in the State o	f Florida. Such change was	authorized by	/ the con	poration's	s board of directors. I hereby accept the appoint	intment as re	egistered
agent. I a	m familiar with, and accept the obligati		lorida Statute	S.		4/29/	. c-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if explicable (NO	TE: Registered Age	ent signature	e required wh		17	
12.	OFFICERS AND		13.	- alginature	e required wi	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		1		☐ Change	☐ Addition
NAME	GRAHAM-JOHNSON, TWARNER	LAMON	1.2 NAME					
STREET ADDRESS	2896 BARKWAY DRIVE		1.3 STRE	ET ADDRESS	SS			
CITY-ST-ZIP	COCOA FL 32926		1.4 CITY-	ST-ZIP				
TITLE	VP .	☐ DELETE	2,1 TITLE				☐ Change	☐ Addition
NAME	GRAHAM-JOHNSON, MALLONY	D	2.2 NAME					
STREET ADDRESS	2986 BARKWAY DRIVE		2.3 STRE	T ADDRESS	is (
CITY-ST-ZIP	COCOA FL 32926		2.4 CITY-	ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE	_			Change	☐ Addition
NAME	KIMBROUGH, RICHARD B		3.2 NAME					
STREET ADDRESS	2986 BARKWAY DRIVE		3 3 STREE	ET ADDRESS	s			
CITY-ST-ZIP	COCOA FL 32926		3.4. CITY-	\$T-ZIP				
TITLE	D	DELETE-	4.1 TITLE	, 	_		_ <u>Ch</u> ange	Addition
NAME	Guilford, Dexter	*	4. 2 NAMI	•				
STREET ADDRESS	577 PLAYER LN W-8		4.3 STRE	ET ADDRES	s		٠	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 CITY-				Charre	Addition
πιε	D	. DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	DAVIS, MICHAEL LEVI		5.2 NAME		<u>.</u>			
STREET ADDRESS	250 N BANANA RIVER DR, APT	7 ·15		ET ADDRES	~			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		5.4 CITY- 6.1 TITLE				Change	☐ Addition
TITLE	D	☐ DELETE	1		1		change	☐ Addibou
NAME	HALL VASUDFURNID		6.2 NAME		ŀ			

MERRITT ISLAND FL 32953

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

1155 N COURTNEY PKWY E283

SIGN FILLS PEDUCE SIGNING OFFICER OF DIRECTOR

4/29/99

Daytime Phone #

32E034 (11/98)