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

CITY-ST-ZIP

SIGNATURE:

**FILED PROFIT** Apr 14 1998 8:00am ELORIDA DEPARIMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000084166 (2) **DOCUMENT** # MY MUSIC, INC. Principal Place of Business Mailing Address 19316 N.E. 25TH AVENUE 19316 N.E. 25TH AVENUE UNIT 181-C UNIT 181-C N MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE N MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0786140 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28  $\Box$ Trust Fund Contribution Added to Fees Zip  $Z_{10}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 84 City 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, et both, in the State of Florida Such manage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a second agent. I am familiar with a second agent of the second agent of the second agent. I am familiar with a second agent of the second agent of **SIGNATURE** Signature, typico (NOTE: Flegistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition 1.17018 Change Feinandez, Luz Marina NAME FERNANDEZS. LUZ M 1.2 NAME collection 19316 N.E. 25TH AVENUE UNIT 181-C STREET ADDRESS 1.3 STREET ADDRESS name N MIAMI BEACH FL 33180 Spelling CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE Addition 21 TITLE Change Maria T. Feinandez NAME 2.2 NAME 2140 DE 191 drive STREET ADDRESS 2.3 STREET ADDRESS NMB FL 33179 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 1111.8 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 DITE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 

6.4 CITY-ST-7IP 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

KLEGK DOCKECEL