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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084225 (6) DOCUMENT #

1. Corporation Name

COPPER PLATE MUSIC PUBLISHING INC.

Principal Place of Business Mailing Address 1880 DREW ST. 1880 DREW ST. **CLEARWATER FL 33765 CLEARWATER FL 33765** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3476483 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 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 B1 Name WILSON, JANE R 1880 DREW ST. 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33765 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, 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, typed or printed name of region red agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PITIS/DIC/V LANE RHODES WILGON 1890 DREW ST. DELETE Addition TITLE 1.1 TITLE Change NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP CLEARWATER FL 33765 DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME David E. Whyars Ir. SKIMMER WAY STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP 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 TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in