


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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90012 040 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000084225			
1. Corporation Name COPPER PLATE MUSIC PUBLISHING INC.			
Principal Place of Business 1880 DREW ST. CLEARWATER FL 33765		Mailing Address 1880 DREW ST. CLEARWATER FL 33765	
2. Principal Place of Business 21 22002 DARLEY FL Suite, Apt. #, etc. 22		2a. Mailing Address 26 22002 DARLEY FL Suite, Apt. #, etc. 27	
City & State 23 LAND O' LAKES, FL Zip Country 24 34639 25 USA		City & State 28 LAND O' LAKES, FL Zip Country 29 34639 30 USA	
9. Name and Address of Current Registered Agent WILSON, JANE R 1880 DREW ST. CLEARWATER FL 33765			
10. Name and Address of New Registered Agent 81 Name WILSON, JANE R 82 Street Address (P.O. Box Number is Not Acceptable) 22002 DARLEY FL 83 84 City LAND O' LAKES FL 85 Zip Code 34639			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	WILSON, J R		
STREET ADDRESS	1880 DREW ST		
CITY-ST-ZIP	CLEARWATER FL 33765		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	WILLIAMS, JR D E		
STREET ADDRESS	4701 SIKIMMER WAY		
CITY-ST-ZIP	ST PETE FL 33701		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED: R. WILSON 9-13-99 813-929-9097
Date Daytime Phone #

CR2E034 (11/98)