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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 19 1998 8:00am

Secretary of State

DOCUMENT # 1. Corporation Name P97000084228 (0)

COPPER PLATE RECORDING STUDIOS INC. Principal Place of Business Mailing Address 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 Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3476484	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
— ^{Zip}	Country	У ф	Country	8. This corporation owes or has paid the	
24	9, Name and Address of Cur	[29]	30	Personal Property Tax due June 30.	Yes X No
1484		ent Hedistered Adeut	81 Name	10. Name and Address of New Register	ea Agent
188	.son, Jane R 80 Ore w St. Ea rw ater FL 33765			ess (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	Signature typed or protod name of registered	agent not the diapple after (NOI	IF Registered Agent signature requirements.	oration submits this statement for the purposion's board of directors. I hereby accept the ud when reinstating) ADDITIONS/CHANGES TO OFFICERS	E AND DIRECTORS IN 12
NAME STREET ADORESS CITY-ST-ZIP		☐ OELETE	1.3 STREET ADDRESS 1999	ISIDICIV NE RHODES WILSON TO DREW ST. EMPWATER FL 33765	☐ Change ► Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME	WID E. WILLIAMS SE.	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	LLY WILLIAMS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 THTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	10100000	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.4 City - St - ZiP 6.1 Title 6.2 NAME 6.3 STREET ADDRESS		Change Addition

14. Thereby certify that the information supplied with this filling 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 occuprention 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.