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

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NAME STREET ADDRESS

SIGNATURE:

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Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000093171 (1) FINATIC RECORDS, INC. Principal Place of Business Mailing Address 311 NW 10TH TERRACE 311 NW 10TH TERRACE HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JOHNSON, IAN 311 NW 10TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 84 Zip Code 11. Pursuant to the provisions of Sociions 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 Signature, typed or printed came of its gentered agent and title it suple able (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 T/T) F TITLE JOHNSON, IAN NAME 12 NAME 311 NW 10TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 1.4 City-St-ZIP DELETE 2.1 TITLE Change Addition THILE REID. AVRIL T 2.2 NAME NAME 1100 NW 185 TERRACE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33169** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITE F ROSE, CLARA 3.2 NAME NAME 1958 NE 172ND STREET #2N 3.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33162 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TOTALE WEBB. ICY 4.2 NAME 1046 DEKALB AVENUE 4.3 STREET ADDRESS STREET ADORESS **BROOKLYN NY 11216** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE

6.2 NAME

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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

FILED

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