

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102447 (4)**
1. Corporation Name
MUSICOM, INC.



Principal Place of Business 635 NW 12TH ROAD BOCA RATON FL 33486	Mailing Address 635 NW 12TH ROAD BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/04/1997	
				4. FEI Number <i>See attached</i>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BECHERER, DANIEL JOSEPH 635 NW 12TH ROAD BOCA RATON FL 33486				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DANIEL JOSEPH BECHERER
STREET ADDRESS		1.3 STREET ADDRESS	635 NW 12TH ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002541986
STREET ADDRESS		6.3 STREET ADDRESS	-08/01/98--01040--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE *Daniel Joseph Becherer* 4.24.98 (FL) 296 FIRM

CR2E034 (10/97)

Internal Revenue Service
Atlanta Service Center

Department of the Treasury

Date: February 6, 1998

Telephone Number: (770) 455-2360

Name and Current Mailing Address

Musicon, Inc.
235 NW 12th Rd
Boca Raton, FL 33486

FAX (770) 455-2660

0716927578

Phone Number

Best Time to Call

Person to Contact

Work ()

Home ()

Dear Taxpayer:

We are sorry, but we can't process your application for an employer identification number (Form SS-4), because more information is needed. We are returning the form to you so you can take the necessary action and send it back to us for processing. Please provide the information indicated for the box(es) checked below.

- ☐ 1. Social Security Number on line 7 of Form SS-4.
- ☐ A. Corporation - President, vice president, or other principal officer.
 - ☐ B. Partnership - One of the partners
 - ☐ C. Trust - Trustee/grantor (If grantor is deceased, need SSN of Trustee as well.)
 - ☐ D. Estate - Personal Representative, exec., or admin. (In addition to decedent on line 8a.)
 - ☐ E. Non-Resident Alien - Copy of passport, VISA, birth cert., drivers license, or other state identification.
 - ☐ F. Canadian Citizen - Copy of social security card, birth certificate, passport, drivers license, or other state ID.
 - ☐ G. Other - Owner, sole proprietor, or trustor of trust.
 - ☐ H. Copy of social security card (Note: The name indicated does not match the SSN on our records.)
- ☐ 2. Location Address of Business on line 5a and 5b of Form SS-4 (actual physical location of building).
- ☐ 3. Business Operational Date on line 10 of Form SS-4.
- ☐ A. Corporation - Date incorporated with state
 - ☐ B. Partnership - Date partnership agreement went into effect
 - ☐ C. Trust - Date trust was created
 - ☐ D. Estate - Date of death of the decedent
 - ☐ E. Other - Date business or organization started
- ☐ 4. Fiscal Year Month on line 11 of Form SS-4.
- ☐ 5. Principal Activity of Business on line 14 of Form SS-4.
- ☐ 6. Telephone Number of Business (below line 17c of Form SS-4).
- ☒ 7. Signature
- ☒ A. Corporation - President, vice president, corporate secretary, or treasurer
 - ☐ B. Partnership - One of the partners
 - ☐ C. Trust or Estate - Personal representative, executor, or any third party representing the trust or estate
 - ☒ D. Other - Any third party signing the Form SS-4 must attach Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization
- ☐ 8. Our records indicate the name of your corporation has already been established. We will need a copy of your articles of incorporation from the state.

(over)

Pg-3

02/05/1998 19:20

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ACM

PAGE 01

Form **SS-4**

Application for Employer Identification Number

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0045

▶ Keep a copy for your records.

1. Name of applicant (Legal name) (See instructions.) MUSICOM, INC.		2. Trade name of business (if different from name on line 1) EXECUTOR, TRUSTEE, "CARE OF" NAME	
4a. Mailing address (street address) (room, apt., or suite no.) 635 NW 13th Rd		4b. Business address (if different from address on lines 4a and 4b)	
4c. City, state, and ZIP code Boca Raton 33486		4d. City, state, and ZIP code	
5. County and state where principal business is located Palm Beach County, FL			
7. Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 397-46-0077			
8a. Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN			
<input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input checked="" type="checkbox"/> Other corporation (specify) ▶			
<input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Church or church-controlled organization			
8b. If a corporation, name the state or foreign country (State or foreign country where incorporated) Florida			
9. Reason for applying (Check only one box.)			
<input type="checkbox"/> Started new business (specify) ▶			
<input type="checkbox"/> Banking purpose (specify) ▶			
<input type="checkbox"/> Changed type of organization (specify) ▶			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify) ▶			
<input type="checkbox"/> Other (specify) ▶			
10. Date business started or acquired (Mo., day, year) (See instructions.) 12/4/97			
11. Closing month of accounting year (See instructions.) December			
12. First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)			
13. Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)			
14. Principal activity (See instructions.) ▶ COMMUNICATIONS			
15. Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶			
16. To whom are most of the products or services sold? Please check the appropriate box.			
<input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify) ▶			
17a. Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17b. If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
Legal name ▶ Trade name ▶			
17c. Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ ADAM C. WISNOM			
Signature ▶ Daniel Beckman			
Date ▶ 4.24.98			
Please leave blank ▶			
Note: Do not write below this line. For official use only.			
Please leave blank ▶			
Reason for applying			

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 10558N

Form **SS-4** (Rev. 12-95)