

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90086 009 \*\*\*150.00

DOCUMENT # P97000102929

1. Corporation Name

O'FIVE THE MUSIC COMPANY

Principal Place of Business

~~2190 MAIN STREET~~  
~~SARASOTA FL 34237~~  
~~US~~

Mailing Address

~~2190 MAIN STREET~~  
~~SARASOTA FL 34237~~  
~~US~~

2. Principal Place of Business

21 1634 S.E. 47th. Street

Suite, Apt. #, etc.

22 Suite 18

City & State

23 CAPE CORAL, FL

Zip

24 33904

Country

25 US

2a. Mailing Address

26 1634 S.E. 47th. Street

Suite, Apt. #, etc.

27 Suite 18

City & State

28 CAPE CORAL, FL

Zip

29 33904

Country

30 U.S.

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0802139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER  
2190 MAIN STREET  
SARASOTA FL 34237

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name KIESEWETTER, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

1634 S.E. 47th. Street

83 Suite 18

84 City CAPE CORAL

FL

85 Zip Code

33904

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

MICHAEL KIESEWETTER

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

(NOTE: Registered Agent signature required when reinstating)

04-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KIESEWETTER, MICHAEL  
STREET ADDRESS SCHLOSS STRASSE 90 12163 BERLIN  
CITY-ST-ZIP GERMANY

TITLE D ☐ DELETE

NAME PETERSEN, JOERG  
STREET ADDRESS SCHLOSS STRASSE 90 12163 BERLIN  
CITY-ST-ZIP GERMANY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME KIESEWETTER, MICHAEL

1.3 STREET ADDRESS 4344 S.W. 20TH. PLACE

1.4 CITY-ST-ZIP CAPE CORAL, FL, 33914

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Petersen, JOERG

2.3 STREET ADDRESS 4344 S.W. 20TH. PLACE

2.4 CITY-ST-ZIP CAPE CORAL, FL, 33914

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

MICHAEL KIESEWETTER

04-27-99

941-549-8016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)