PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800002609

1, Corporation Name

MOBILE MUSIC D.J. SERVICE, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 006 ***150.00



Principal Place	of Business	Mailing Address						
9835 SW 86 STREET 9835 SW 86 STREET								
MIAMI FL 33173	II FL 33173 MIAMI FL 33173				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					01/09/1998			1
2. Principal Pl	lace of Business	2a. Mailing Address	\	<u> </u>	4. FEI Number	1 , ,	lied For	
21 840	0 5W 97 AVE	26 8400 SU	0 97	AUE	65-0816066		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac		
City & State City & State City & State 28 MIANI					6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	May Be Fees	خد
Žip	Country	Zip	Country	-5.A	8. This corporation owes the current year			l
24 37/	25 DIST	29 37723 30		<u> </u>	Personal Property Tax.		□No	ĺ
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	a Agent		ĺ
SUA	REZ, JORGE L		"					ĺ
SOURCE STREET				Street Address	ess (P.O. Box Number is Not Acceptable)			
PRIMA	# 1 E-80 175		83	m	AMI PL			ĺ
			84	City		. 85 Zip C	ode (73	l
				' In l	<i>AM</i> / F			ı
- effica or v	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	Orized by i	the comoratio	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its reg	istered	
SIGNATURE								1
	Signature, typed or printed name of registered age			t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	DS IN 12	3
12.	OFFICERS AN	ID DIRECTORS	13.	DARIL	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	1
TITLE	-	_ DELECTE	1.1 IIILE /	September	NGE L SUANEZ 400 SW 97 AVE NIAMI FL 33173			;
NAME	SUAREZ, JORGE L		12 07000	ANNOESE 8	400 SW 97 AVE			8
STREET ADDRESS	-MIAMI Ft. 99179	•	14 CITY.	115 1	MIAMI FL 33173		!	1 3
CITY-ST-ZIP TITLE	-WIMINI I L 331/3	☐ DELETE	2.1 TITLE	1+211		☐ Change	Addition	?
NAME			2.2 NAME					ļ
STREET ADDRESS			2.3 STREET	ADDRESS				
l l			2.4 CITY-S					ļ
CITY-ST-ZIP		DELETE	3.1 IIILE	=======================================			- Addition	=
NAME		•	3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS		* ,		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETÉ	4.1 TITLE			Change	☐ Addition	İ
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP				1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition]
NAME			5.2 NAME					-
STREET ADDRESS			5.3 STREET	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	ļ
NAME			6.2 NAME					1
STREET ADDRESS		•	6.3 STREET	TADDRESS	·			
CITY 97 710	}		6.4 CITY-S	T-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.