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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017896

Principal Place of Business

THE AMERICAN MUSIC GROUP, INC.

486 CASTILLE DR. SPRING HILL FL 34606		486 CASTILLE DR. Spring Hill Fl 34606		DO NOT WRITE IN THIS SF	PACE		
					Date Incorporated or Qualifed 02/23/1998		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3494730	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	A	City & State			6Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution		to Fees
Zip	Country	_1	ountry		8. This corporation owes the current year Intang	gible	
24	25	29 30			Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent	
		_	81	Name			
	ARK, DENNIS V		82	Strept Add	ress (P.O. Box Number is Not Acceptable)		
	S. PEBBLE BEACH BLVD.		02 Street A		tudiess (F.S. Box Hambur is 1607) teespace.		
SUN	CITY CENTER FL 33573		83				
			84	City	FI	85 Z ip	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 agen	at and title if applicable. (NOTE: Registe	ered Ager	t signature require	ed when reinstating) DATE	-	
12.			3.		· ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE 1.	1 TITLE			Change	☐ Addition
NAME	MAXWELL, JAMES R,	1.	2 NAME				
STREET ADDRESS			3 STREE	FADDRESS			
CITY-ST-ZIP	ADDING 1811 EL 04000		4 CITY-S	T-ZIP			
TILE .	D ·	☐ DELETE 2.1] Change	Addition
NAME	MAXWELL, DEBRA A	2.	2 NAME				ì
STREET ADDRESS	400 CACTULE DD		2.3 STREET ADDRESS			1	
CITY-ST-ZIP	SPRING HILL FL 34606	2.	4 CITY+5	ST-ZIP			
TITLE	-	☐ DELETE 3.	1 TITLE			Change	Addition
NAME	·	3.	2 NAME	1.	نعيين ك المتعلقة،	_	
STREET ADDRESS		3.	3 STREE	TADDRESS			ļ
CITY-ST-ZIP		3	4. CITY-5	ST-ZIP			
TITLE	•	☐ DELETE 4.	1 TITLE		[_ Change	☐ Addition
NAME		4.	2 NAME	ļ			
STREET ADDRESS		4.	3 STREE	TADDRESS			
CITY-ST-ZIP		4.	4 CITY-S	T-ZIP			
TITLE		☐ DELETE 5.	1 TITLE		.	_ Change	Addition
NAME			2 NAME				
STREET ADDRESS	`````	5	3 STREE	TADORESS			
CITY-ST-ZIP			4 CITY-S	T-ZIP			
TITLE		DELETE 6.	1 TITLE		C	☐ Change	Addition
NAME		6.	2 NAME				
STREET ADDRESS		6.	3 STREE	TADDRESS			

SIGNATURE:

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.

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90002 008 ***150.00