CORPOF ANNUAL F	REPORT		Katherin Secretan DIVISION OF C	RTMENT OF STATE ne Harris y of State CORPORATIONS	FILE Mar 11, 199 Secretary 03-11-1999 90072 0	99 8:00 of State	e
DOCUMEN 1. Corporation Name		P980000191	-				
	1 STOP 1	MUSIC, INC	•				
Principal Place of Bu			ling Address				•
343 Almer Coral Gab			3 Almeria ite 454	Avenue			
33134	Les, rL		ral Gables	. FL	DO NOT WRITE IN TH 3. Date incorporated or Qualifed	115 SPACE	
			134		2/27/98		
2. Principal Place of	Business		Mailing Address		4. FEI Number 65-0816025	—	ed For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			\$8.75 Add	<u>r r</u>
2		27			5. Certifcate of Status Desired	Fee Requi	_ <u>_</u>
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	*
Zip	Countr		Żip	Country	8. This corporation owes the current year	Intangible	
]	25	29	^	30	Personal Property Tax. 10. Name and Address of New Register)No
		ess of Current Registe	ered Agent	81 Name,		a Agent	
	Lawyer			82 Street Add	gel & Utrera, P.A.		
343 A	lmeria A	Avenue		343 4	Almeria Avenue		
Coral	Cables	FT 22124					
Coral	Gables	, FL 33134		83			
			7.1508, Florida Statute	83 84 City Coral	Gables F		
1. Pursuant to the p office or register agent. I am famil SIGNATURE By Signature	provisions of Second agent, or beth a put or beth a put C Second the transferred T	tions 607.0502 and 60 , ia the State of Florida and the State of Florida and the State of Florida and the State of Florida and the State of State of State and State of State of State of State and State of State of State of State of State and State of Sta	Ma Vice-Presi	83 84 City COTA thorized by the corporation ida Statutes.	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its reg pointment as regist 7/99	gistered tered
11. Pursuant to the p office or register agent. I am famil SIGNATURE By Signature 2.	rovisions of Sec of agent, or bath a Duit Categories :		Ma Vice-Presi	83 84 City Coral es, the above-named corr uthorized by the corporati ida Statutes.	Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its regist pointment as regist 7/99 AND DIRECTORS	gistered tered
11. Pursuant to the p office or register agent. I am famil SIGNATURE By Signature 12. ITLE PS AME Ba:	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Vice-Presi Tors	83 84 City COTA1 es, the above-named corr uthorized by the corporati ida Statutes.	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its reg pointment as regist 7 / 4 9 AND DIRECTORS	gistered tered
11. Pursuant to the p office or register agent. I am famil SIGNATURE By Signature 12. ITLE PS AME Ba:	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Wn Vice-Presi CTORS	83 84 City COral ss, the above-named corr ithorized by the corporati ida Statutes. 7 13. 1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its reg pointment as regist 7 / 4 9 AND DIRECTORS	gistered tered
1. Pursuant to the police or register agent. I am famili SIGNATURE Bay 11. Pursuant to the police or register agent. I am famili signature for the police of the police o	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State State of Florida of the State of State of State of the State of State of State of State of the State of State of State of State of State of State of State of Sta	Wn Vice-Presi CTORS	83 84 City COral es, the above-named corr uthorized by the corporation ida Statutes. 7 Coral 13. 1.1 TITLE 1.2 NAME	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its registronintment as registronintment as registronintment as registronintment as registronintment and the second	gistered tered
11. Pursuant to the police or register agent. I am familiation of the standard s	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Vire-Press Tors DELETE	83 84 City COTAI es, the above-named corr uthorized by the corporation ida Statutes. 7 Corrained corr transmission of the corporation of the corporation ida Statutes. 7 Corrained corr transmission of the corporation of the co	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its registronintment as registronintment as registronintment as registronintment as registronintment and the second	distered tered
1. Pursuant to the p office or register agent. I am famil SIGNATURE <u>By</u> Signature 2. TILE <u>PS'</u> AME <u>Ba</u> TREET ADDRESS 34 UTY-ST-ZIP <u>CÖ</u> TILE AME	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Vire-Press Tors DELETE	83 84 City COral es, the above-named corr uthorized by the corporation ida Statutes. 7 Coral 13 Statutes. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its registronintment as registronintment as registronintment as registronintment as registronintment and the second	distered tered
1. Pursuant to the p office or register agent. I am famil SIGNATURE By Signature 2. TILE PS' AME Ba: TREET ADDRESS ITLE AME CÔ TILE AME TREET ADDRESS	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Virte-Presi Doctors	83 84 City COral es, the above-named corr thorized by the corporation ida Statutes. 7 Coral 11 TILE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	jistered tered
1. Pursuant to the police or register agent. I am familistic and families agent. I am familistic and families agent. I am families agent. I am families agent. I am families agent. I am families agent and families agent age	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Vire-Press Tors DELETE	83 84 City COral es, the above-named corr uthorized by the corporation ida Statutes. 7 Coral 11 TILE 1.1 TILE 1.3 STREET ADDRESS 1.4 CITV-ST-ZIP 2 TITLE 2.3 STREET ADDRESS	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	distered tered
1. Pursuant to the police or register agent. I am familistic MATURE By Signature 2. TILE PS' AME BATTREET ADDRESS 3.4 ITV-ST-ZIP CÓ TILE AME TREET ADDRESS TILE AME AME AME AME AME AME	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Virte-Presi Doctors	83 84 City COral es, the above-named corr uthorized by the corporation ida Statutes. 7 Coral 11 TILE 1.1 TILE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TILE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 31 TITLE 31 TITLE	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	jistered tered
1. Pursuant to the police or register agent. I am familistic MATURE By Signature 2. TILE PS' AME BATTREET ADDRESS 3.4 TITLE ADDRESS 3.4 TITLE AME AME TREET ADDRESS 5. TITLE AME TREET ADDRESS 5. TITLE AME TREET ADDRESS 5.	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VICE-Presi DELETE	83 84 City COTAI es, the above-named corr uthorized by the corporation ida Statutes. 7 Corrain Corrain 11 TILE 1.1 TILE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TILE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 3.2 NAME	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	istered fered S IN 12 Addition
11. Pursuant to the police or register agent. I am familistic agent a	rovisions of Sec agent or bet Spure get Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	Virte-Presi Doctors	83 84 City COral as, the above-named corporation as thorized by the corporation ida Statutes. 11 12 13. 1.1 13. 1.1 13. 1.1 13. 1.1 13. 1.1 13. 1.1 13. 1.1 14. 15. 14. 17. 21. 21. 21. 21. 22. 23. 24. 23. 24. 21. 21. 21. 21. 21. 23. 23. 24. 27. 31. 31. 32. 34. CITY-ST-ZIP 41. 11.	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	sistered tered
1. Pursuant to the p office or register agent. I arn famili SIGNATURE By Signature 2. TLE PS' Ba: TREET ADDRESS 3 44 TY-ST-ZIP CÖ TLE AME TREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VICE-Presi DELETE	83 84 City COral ass, the above-named corporation ida Statutes. 7 11 12 13 1.1 13 13 14 13 14 15 14 17 18 19 11 12 13 14 17 17 18 18 19 11 11 12 13 14 17 17 18 18 19 11 11 12 13 14 17	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	istered tered S IN 12 Addition
1. Pursuant to the p office or register agent. I arn famili SIGNATURE By Signature 2. TILE PS' Ba: TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VICE-Presi DELETE	83 84 City COral ss, the above-named corputhorized by the corporation ida Statutes. 7 Emirit Agent signature requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 STREET ADDRESS	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS	istered fered S IN 12 Addition
1. Pursuant to the police or register agent. Farn families SIGNATURE By Signature 2. TLE PS' Ba: TREET ADDRESS 3.4. TY-ST-ZIP CO TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VICE-Presi DELETE	83 84 City COral ss, the above-named corputhorized by the corporation ida Statutes. 7 Euro dreams signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered fered S IN 12 Addition
1. Pursuant to the p office or register agent. I arn famili SIGNATURE By Signature 2. TLE PS' Ba: TREET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VIII DELETE	83 84 City COral ss, the above-named corputhorized by the corporation ida Statutes. 7 Coral 13 1.1 TITLE 1.2 NAME 13 STREET ADORESS 1.4 CITY-ST-ZIP 2 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered fered S IN 12 Addition
1. Pursuant to the p office or register agent. I an famili SIGNATURE By Signature 2. TILE PS' Ba: TREET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VIII DELETE	83 84 City COral ss, the above-named corporation ithorized by the corporation of a Statutes. 7 Emiltiple intervention 1.1 TILE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered fered S IN 12 Addition
11. Pursuant to the police or register agent. I am familistic or the policy of the policy	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VIII DELETE	83 84 City COral ss, the above-named corputhorized by the corporation ida Statutes. 7 Coral 13 1.1 TITLE 1.2 NAME 13 STREET ADORESS 1.4 CITY-ST-ZIP 2 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered fered S IN 12 Addition
11. Pursuant to the police or register agent. I am familistic signature SIGNATURE By Signature 12. ITLE PS' AME Ba: 34 ITREET ADDRESS 34 ITV-ST-ZIP CO ITLE CO CO CO	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VIII DELETE	83 84 City COral ss, the above-named corporation ithorized by the corporation of a Statutes. 7 Emiltipic and signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered tered
11. Pursuant to the police or register agent. I am familistic agent. I am fam familite agent. I am familitation. I am familitatio	rovisions of Sec agent or bet Spureget Netration TD nk, Helo	tions 607.0502 and 60 , in the State of Florida of the State of Florida of the State of Florida of the State of Florida of Florers and Direct 2n	VIII DELETE	83 84 City COral ss, the above-named corporation ithorized by the corporation statutes. 7 Employed and signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered tered
11. Pursuant to the police or register agent. I am familistic or register agent. I am familiation of register agent. I am familitet agent. I am familitet agent. I am familite	rovisions of Sec agent or beth Dut Social TD nk, Hele 3 Almer: ral Gab	tions 607.0502 and 60 is the State of Florida authorities and state of Unrerg tile if of Flicers and Direct en ia Avenue les, FL 33	VIII DELETE	83 84 City CO T a 1 ss, the above-named corporati ithorized by the corporati ida Statutes. 7 ETT Pagent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	L Gables F poration submits this statement for the purpose on's board of directors. I hereby accept the ap Z//2 ad when reinstating)	of changing its regist pointment as regist 7 / 9 9 AND DIRECTORS Change	istered tered

: