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

DOCUMENT # P98000026675

RENN MUSIC PRODUCTIONS, INC.

Principal Place of Business	

211 SHORE RD WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

211 SHORE RD

WINTER SPRINGS FL 32708

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90112 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number 59 - 3505804

5. Certificate of Status Desired

03/20/1998

22		27							
City & Stat	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country		Zip	Cor	intry		8. This corporation owes the current ye	ar Intangible	•
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Regist	ered Agent	
BEN	NI VETT II				81	Name			
	n, veit u Shore RD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TER SPRINGS FL 32708								
AAIIA	IEN SPHINGS PL 32/00				83				
					84	City		85 Zip	Code
						·		FL _	
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Flor tions o	ida. Such change was a if, Section 607.0505, Fk	authorize orida Stat	d by tutes.	the corporatio	oration submits this statement for the purpo in's board of directors. I hereby accept the	appointment as re	registered
	Signature, typed or printed name of registered agen				Agent	t signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DPS IN 12
12.	OFFICERS AN	אוט ט	DELETE	13. 1.1 Ti	T. C	- 0	resident	Change	Addition
TITLE			□ pereie	1.1 II			eit Renn	change	Za Madilla
NAME							11 Shore Rd		
STREET ADDRESS					TY-ST		inter Springs, FL 32708		
CITY-ST-ZIP TITLE			☐ DELETE	2.1 Ti		1-21	inter opinion, in our local	Change	Additio
NAME				2.2 N				_ •	_
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					TY-S	1			
TITLE			☐ DELETE	3.1 TI				☐ Change	☐ Additio
NAME				3 2 N	4ME				
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TITLE			☐ DELETE	6.1 TI	TLE			Change	☐ Additio
NAME				62 N	AME]			
STREET ADDRESS				6.3 S	REET	ADDRESS			
CITY-ST-ZIP					TY-ST				
14. I hereby o	certify that the information supplied with	th this	filing does not qualify for	or the exe	mptic	on stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information

indicated on this annual report of supplemental annual report is true and accurrate and that my signature shall have the same legal effect as it made under oath; that I am all 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.

4-26-99

Applied For

Fee Required

Not Applicable \$8.75 Additional