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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90063 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000028655

1. Corporation Name
MIRROR MUSIC, INC.

Principal Place of Business
920 S.W. 18TH STREET
FORT LAUDERDALE FL 33315

Mailing Address
920 S.W. 18TH STREET
FORT LAUDERDALE FL 33315



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-083 8213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 369 Sunset Dr.

Suite, Apt. #, etc.

22 Apt. D

City & State

23 Fort Lauderdale FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 PoBox 350564

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale

Zip

29 33335

Country

30 USA

9. Name and Address of Current Registered Agent

BOONE, STEVE
920 S.W. 18TH STREET
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Steve Boone

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

369 Sunset Dr.

83

Apt D

84 City

Fort Lauderdale FL

85 Zip Code

33301

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BOONE, STEVE
STREET ADDRESS 920 S.W. 18TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D ☐ DELETE

NAME YESTER, LENA
STREET ADDRESS 920 S.W. 18TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

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 BOONE, Steve

1.3 STREET ADDRESS 369 Sunset Dr Apt. D.

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Yester, Lena

2.3 STREET ADDRESS 369 Sunset Dr. Apt. D.

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

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:

Signature and typed or printed name of signing officer or director (President)

3/26/99 954-524-7426

Date

Daytime Phone #

CR2E034 (11/98)