


Date Due: 05/01/99

Amount Due: \$ 550.00

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**FILED**  
**Sep 02, 1999 8:00 am**  
**Secretary of State**

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CORPORATION ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Name and Mailing Address of Corporation: <b>DOCUMENT #</b> <b>PEP MUSIC INC PR000030818</b> <b>655-85 ST</b> <b>MIAMI BEACH, FL 33141</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.			
<b>FILING FEE</b> \$200.00		<b>ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE</b> <b>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>	
2. Mailing Address 21 <b>655-85 ST</b> Suite, Apt. #, etc.		2a. Principal Place of Business 26 <b>655-85 ST</b> Suite, Apt. #, etc.	
23 <b>MIAMI BEACH, FL</b> City & State Zip <b>33141</b> Country		28 <b>MIAMI BEACH, FL</b> City & State Zip <b>33141</b> Country	
24 <b>33141</b>		29 <b>33141</b>	
9. Name and Address of Current Registered Agent <b>PETER ENRIQUE POLAR</b> <b>655-85 ST</b> <b>MIAMI BEACH, FL 33141</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code 86 Country			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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		DATE <b>8/17/99</b>	
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>D</b> 1.2 NAME <b>PETER ENRIQUE POLAR</b> 1.3 ADDRESS <b>655-85 ST</b> 1.4 CITY - ST - ZIP <b>MIAMI BEACH, FL 33141</b> 2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY - ST - ZIP		13. OFFICERS AND DIRECTORS CHANGES 1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY - ST - ZIP	
14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears on Block 12, Block 13 if a change, or on an attachment with an address.			
SIGNATURE		DATE <b>8/17/99</b>	
Print/Type Name of Signing Officer or Director <b>PETER ENRIQUE POLAR</b>		Title(s) <b>"PRES"</b>	
		Daytime Telephone Number ( )	