**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 17, 1999 8:00 am **Secretary of State**

Addition

☐ Change

03-17-1999 90100 006 \*\*\*150.00

DOCUMENT #	P98000033726

1. Corporation Name MUSIC TOWN PRODUCTIONS, INC. Mailing Address Principal Place of Business P.O. BOX 733 20234 LUETTICH LANE ESTERO FL 33928 ESTERO FL 33928 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/10/1998 Applied For 4. FEI Number 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & Slate \_\_\_\_ Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year intangible Zio 12 No Yes Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen BURDICK, KELLY S Street Address (P.O. Box Number is Not Acceptable) 82 20234 LUETTICH LANE ESTERO FL 33928 83 85 Zip Code 84 City 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 applical CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TO F TITLE 12 NAME NAME CLEVELAND AVE 1.3 STREET ADDRESS STREET ADDRESS LACTY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE MIF Burdick 22 NAME MANE 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-57-ZP-CITY-ST-71P Change ☐ Addition DELETE 3 1 TITLE TIME NAME 3.3 STREET ADORES STREET ASS 3.4. CITY-5T-ZIP CITY-ST-ZP ☐ Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY- 51-ZP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5 1 STREET ADORESS

CRY-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 ampowered 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.

54 CITY-ST-ZIP

8.3 STREET ADORESS

RACITY-ST-ZIP

6 1 TILE

62 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

TILLE

NAME

PRINTED NAME OF ECHANG OFFICER OF DIRECTOR DESCRIPTION BURNING N. 15-99