

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90006 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000038175

1. Corporation Name
RASTA TERRITORY RECORDING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2899 W SUNRISE BLVD FT LAUDERDALE FL 33311**
 Mailing Address: **2899 W SUNRISE BLVD FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified
04/24/1998

2. Principal Place of Business
 21 **203 LAKE POINTE DR.**
 Suite, Apt. #, etc. **#101**
 City & State **FORT LAUDERDALE, FL**
 Zip **33309** Country **U.S.A**

2a. Mailing Address
 26 **203 LAKE POINTE DR.**
 Suite, Apt. #, etc. **#101**
 City & State **FORT LAUDERDALE, FL**
 Zip **33309** Country **U.S.A**

4. FEI Number **65-0830826**
 Applied For
 Not Applicable

22 **#101**
 City & State **FORT LAUDERDALE, FL**
 Zip **33309** Country **U.S.A**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **FORT LAUDERDALE, FL**
 Zip **33309** Country **U.S.A**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33309** 25 **U.S.A** 29 **33309** 30 **U.S.A**

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

9. Name and Address of Current Registered Agent
CHUCK MOGBO, P.A.
2331 N STATE RD 7, SUITE 124
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD ROSE, PAULA A	1.2 NAME	
STREET ADDRESS	5718 NW 17TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **April 16, 1999** Daytime Phone # **954-484-2527**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UCS-30389

CD02924-111081