

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000039688

1. Corporation Name
MUZIC DEPOT, INC.

Principal Place of Business
11891 US Hwy. One, 203
N. Palm Beach, FL 33408

Mailing Address
11891 US Hwy. One, 203
N. Palm Beach, FL 33408

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Trump Plaza Office Center 525 S. Flagler Drive Suite, Apt. #, etc. 22 Suite 400 City & State 23 West Palm Beach, FL Zip 24 33401		25. Mailing Address Trump Plaza Office Center 525 S. Flagler Drive Suite, Apt. #, etc. 27 Suite 400 City & State 28 West Palm Beach, FL Zip 29 33401		3. Date Incorporated or Qualified		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BUZANIS, PETER
13205 US HWY ONE, SUITE 513-B
JUNO BEACH, FL 33408

10. Name and Address of New Registered Agent

81 Name
HAINSWORTH, CHRISTIAN J.
82 Street Address (P.O. Box Number is Not Acceptable)
TRUMP PLAZA OFFICE CENTER
83 525 S. FLAGLER DRIVE, SUITE 400
84 City
WEST PALM BEACH
85 Zip Code
FL 33401

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 Christian J. Hainsworth
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CEO/D/S/T
NAME	BUZANIS, PETER	1.2 NAME	HAINSWORTH, CHRISTIAN J.
STREET ADDRESS	1239 THE POINTE DRIVE	1.3 STREET ADDRESS	525 S. FLAGLER DRIVE, STE. 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		2.1 TITLE	P/D
NAME		2.2 NAME	DELLASALA, CARMINE A.
STREET ADDRESS		2.3 STREET ADDRESS	525 S. FLAGLER DRIVE, STE. 400
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		3.1 TITLE	CFO
NAME		3.2 NAME	BURNS, THOMAS G.
STREET ADDRESS		3.3 STREET ADDRESS	525 S. FLAGLER DRIVE, STE. 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Christian J. Hainsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)