

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

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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90209 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000047682

1. Corporation Name
PREMIER MUSIC SYSTEMS, INC.

Principal Place of Business 200-A JOHN KNOX RD TALLAHASSEE FL 32303	Mailing Address 200-A JOHN KNOX RD TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2761 Capital Cir NE		2a. Mailing Address 26 P.O. Box 14497		3. Date Incorporated or Qualified 05/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3519054	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Tallahassee FL		City & State 28 Tallahassee FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32308		Zip 29 32317		30 USA	
Country 25 USA		Country 30 USA		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 WOLFE, LARRY S 200-A JOHN KNOX RD TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name Angel Majors 82 Street Address (P.O. Box Number is Not Acceptable) 2761 Capital Circle NE 83 84 City Tallahassee FL 85 Zip Code 32308	
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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 **Angel Majors** (NOTE: Registered Agent signature required when reinstating) DATE **4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFE, LARRY S 200-A JOHN KNOX RD TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. Esther E. Majors 2761 Capital Cir NE Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sec / Tres. Angel Majors 9116 Bithlo Lane Tallahassee, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Angel Majors** RECIPIENT **Angel Majors** DATE **4/29/99** DAYTIME PHONE # **668-0543**

CR2E034 (11/98)