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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000050948**

1. Corporation Name
VIRGOS MERLOT MUSIC, INC.

Principal Place of Business	Mailing Address
1539 FERNANDO DR. TALLAHASSEE FL 32303	1539 FERNANDO DR. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1998

2. Principal Place of Business	21 2418 N. Monroe	2a. Mailing Address	26 2418 N. Monroe St.
Suite, Apt. #, etc.	22 #140	Suite, Apt. #, etc.	27 #140
City & State	23 Tallahassee, Fla	City & State	28 Tallahassee, FLA
Zip / Country	24 32303 25 U.S.	Zip / Country	29 32303 30

4. FEI Number: 59-3499121 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANSON, JEFF 1539 FERNANDO DR. TALLAHASSEE FL 32303	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2418 N Monroe St. #140 83 84 City Tallahassee FL 85 Zip Code 32303

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHARLTON, JOHN D		1.2 NAME		
STREET ADDRESS	P.O. BOX 20346 (NA)		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HESTLA, BRETT A		2.2 NAME		
STREET ADDRESS	P.O. BOX 20346 (NA)		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEDBETTER, TERRY W		3.2 NAME		
STREET ADDRESS	P.O. BOX 20346 (NA)		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, CHRISTOPHER E		4.2 NAME		
STREET ADDRESS	P.O. BOX 20346 (NA)		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARCHANT, JASON T		5.2 NAME		
STREET ADDRESS	P.O. BOX 20346 (NA)		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: JASON MARCHANT 4/30/99 850-383-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)