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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000088535 1. Corporation Name

BMK MUSIC, INC.

Principal Place of Business Mailing Address

332 OVERSTREET COURT

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90067 044 \*\*\*150.00



332 OVERSTREET COURT PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Appied For 59-3<u>5</u> Not Applicable 26 21 \$8.75 Acditional Suite, Aut. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Coun ry 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARTIN, WILLIAM A Street Ad Iress (P.O. Box Number is Not Acceptable) 82 332 OVERSTREET COURT PALM HARBOR FL 34683 83 City 85 Zip Ccde 84 11. Pursualit to the provisions of Se tions 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 (NOTE Registered Agent signature requi ed when reinstating) Signature, typed or printed nan e of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE MARTIN, WILLIAM A 1.2 NAME NAME 332 OVERSTREET COURT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 41 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the informatic n supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicates 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.

64 CITY-ST-ZIP

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

127-772-6800

CR2E034 (11/98)