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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS **Secretary of State** 03-04-1999 90155 006 ***150.00

FILED Mar 04, 1999 8:00 am

1999

Zip

24

DOCUMENT #	P980000971	36
1. Corporation Name	. 000000	

Country

MADE IN THE SHADE RECORDING, INC.			
Principal Place of Business	Mailing Address		
1404 3RD ST SOUTH JACKSONVILLE BEACH FL 32250	1404 3RD ST SOUTH JACKSONVILLE BEACH FL 32250	DO NOT WRITE	
		3. Date Incorporated or Qualifed 11/12/1998	
Principal Place of Business	2a. Mailing Address 26	4. FEI Number 59 - 3547549	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	
City & State	City & State	6. Election Campaign Financing	

Zip

29

DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed

	ot Applicable		
\$8.75 Additional			
Fee Required			
\$5.00) Мау Ве		

Applied For

Election Campaign Financing Trust Fund Contribu 8. This corporation ow

Trust Fund Contribution	Added to Fees_		
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 JENNESS, JUDY 1404 3RD ST SOUTH JACKSONVILLE BEACH FL 32250

Country

30

82	Street Address (P.O. Box N	Number is Not Acceptat	ole)	-	
83					
84	City	<u> </u>	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	Signature, typed or printed name of registered agent and title if applicable (NOTE, R	egistered Agent signature re	equired when reinstating) DATE
42	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		11 TITLE	Change Addition
TITLE	(F1) —		
NAME	Juday Janges >	1.2 NAME	
STREET ADDRESS	1404'S. 3rd St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Judy Jamess 1404 S. 3rd St Jacksonville Beach, Fl 32250	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	IV P	2.1 TITLE	☐ Change ☐ Addition
NAME	Melody Vanzant	2.2 NAME	1
STREET ADDRESS	851 Béach Aue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Melody Vanzant 851 Béach Aue Atlantic Bach, Pl 32233	2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Change
NAME		3.2 NAME	j
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	51 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	}
STREET ADDRESS		6.3 STREET ADDRESS	
O/D/ O7 7/D		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: