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

8730 Sunset Blvd.

Los Angeles, CA.

Country

30 LosUSA gele

81 Name

DOCUMENT # S14531

1. Corporation Name

2. Principal Place of Business

Suite 175

Suite, Apt. #, etc.

City & State

90069

Zip

48730 Sunset Blvd.

Los Angeles, CA

Block 12 or Block 13 if chan

SIGNATURE:

CRY BABY RECORDS, INC.

Principal Place of Business		- ,	Mailing Address	
	·	-		
	:			

2a. Mailing Address

City & State

90069

Zip

Suite, Apt. #, etc.

Suite 175

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26

2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. **SUITE 1100 SUITE 1100** CORAL GABLES FL 33134 CORAL GABLES FL 33134

Country

25 LoUSA ng a la 29

9. Name and Address of Current Registered Agent

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90310 035 ***150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

310-358-9200

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Not Applicable



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

4-14-99

Trust Fund Contribution

Personal Property Tax.

11/27/1990 4. FEI Number

95-4310246

HAR	WITZ, SANFORD B.		L	<u> </u>						
2121 PONCE DE LEON BLVD.			82	Street	Address (P.O. Bo)					
	E 1100		83			 				
	AL GABLES FL 33134		0.3	'						
CON	ME GABLES I E 50 104		84	City	 				85 Zip	Code
				<u> </u>				<u>FL</u>	1	
office or r	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Sim familiar with, and accept the obligations of, Section 1.	ich change was auth	norized by	/ the corpo	corporation submi pration's board of o	its this stater directors. I h	nent for the pereby accep	t the appoir	changing its itment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	note: Re	aristered Age	nt signature re	equired when reinstating)			DATE		
12.	OFFICERS AND DIRECTO	· · · · · · · · · · · · · · · · · · ·	13.	in organization	·	ONS/CHANC	ES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE						[X] Change	☐ Addition
NAME	MCGHEE, DOC		1.2 NAME	1						
STREET ADDRESS	2121PONCE DE LEON BLVD.			T ADDRESS	8730 Su	nset I	R1vd	Suite	175	
	CORAL GABLES FL		1.4 CITY-5		Los Ang					
CTTY-ST-ZIP TITLE	STD	☐ DELETE	2.1 TITLE		_nos_Ang	<u> </u>			K Change	☐ Addition
NAME.	GREGORY, JOHN		2.2 NAME							
STREET ADDRESS			2.3 STREE	T ADDRESS	8730 Su	nset I	31vd.	Suite	175	
CITY-ST-ZIP	CORAL GABLES FL	** ' = *	2. 4 CITY-	``	Los Ang	eles,	A 90	069	. `~	
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CITY-ST-ZIP	4		4.4 CITY-5	ST-ZIP					·	
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NAME	\		5,2 NAME						*	
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		DELETE	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDRESS					•	
CITY-ST-ZIP			6.4 CITY-							
14. I hereby o	certify that the information supplied with this filing on this annual report or supplemental annual report for supplemental annual report firector of the corporation or the receiver or truste	nt le true and accula	ie and in:	ar mv suan	anine snali nave il	ne same Jeda	n enecias n	made unde	r oan, mai	i aiti aii