Apr 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$18540

1. Corporation Name

HOMEFIELD ADVANTAGE MUSIC PRODUCTIONS, INC.

Principal Place	e of Business	Mailing Ad	ldress			7-5-3-		# 1#1 11##; #1#1 #111 #	1811 9911 BIBIT BI	{		
11550 SW 10 ST PEMBROKE PINES FL 33025		PEMBROKE	11550 S W 10 ST PEMBROKE PINES FL 33025				DO NOT WR	ITE IN THIS	SPACE			
US	-	US					3 Date Incom	orated or Qualifed		,		
	\$						12/11/19					
2. Principal P	Place of Business .	2a. Mailing	Address				4. FEI Numbe			Ap	plied For	
21		26	,				65-02366	20		No	t Applicable	
Suite, Apt.	#, etc.		Apt. #, etc.					f Status Desired		\$8.75		
22	·	27					5. Certificate o		<u></u>	Fee Re	equired	
City & State	le	City &	State					mpaign Financing		\$5.00		
23	·	28						Contribution		Added t	o Fees	
Zip	Country	Zip		Cou	ntry			ation owes the cui	rent year Int	angible □Yes	Ç Xlo	
24	25 9. Name and Address of Curr	29 29 201		30			Personal Pr	opeπy rax. Address of New	Registered .		LENO	
	157 The Signal No	ent Neglatered A	Aeur_		81	Name	10. 144110 4114		, tog.	34		
WOL	LFE, RICHARD CHARLES ESQU	UIRE										
1031	1 North Miami Beach Bouli	EVARD		i	82	Street Addre	ess (P.O. Box Nun	nber is Not Accep	able			
NOR	RTH MIAMI BEACH FL 33162			1	83	7.01						
					84	City				85 Zip (Code	
				i	84	City			FL	, 183 Zip (Joue	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Star	502 and 607.1508	, Florida Statut	tes, the a	bove-	named corpo	oration submits thi	s statement for the	purpose of	changing its	registered	
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	igations of, Section	1 607.0505, Flo	uthonzed	DV th	ne corporation	n's board of direct	ors. I hereby acce	ept the appoil	nunem as re	gistered	
agent. I a	am familiar with, and accept the obli	gations of, Section	1 607.0505, Flo	uthorized irida Stati	Tby thutes.	ne corporation		ors. I hereby acce		nument as re	gistered	
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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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP