

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S72913** (4)
1. Corporation Name
MUSIC LINES, INC.



Principal Place of Business 3713 49TH ST STE 222 ST PETERSBURG FL 33710 US	Mailing Address 3713 49TH ST N STE 222 ST PETERSBURG FL 33710-2153 US
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2. Principal Place of Business 21 989 Sunrise Circle Suite, Apt. #, etc.	2a. Mailing Address 26 989 Sunrise Circle Suite, Apt. #, etc.
22 City & State 23 Palm Harbor, FL	27 City & State 28 Palm Harbor, FL
24 Zip 34683 Country Pinellas	29 Zip 34683 Country Pinellas

3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3076919	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> ST	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHASE, CHERI L. 3713 49TH ST STE 222 ST. PETERSBURG FL 33710	
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10. Name and Address of New Registered Agent	
81 Name Chase, Cheri L.	
82 Street Address (P.O. Box Number is Not Acceptable) 989 Sunrise Circle	
83	
84 City Palm Harbor	85 Zip Code FL 34683

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 **x Cheri L. Chase, President** DATE **4/29/97**

12. OFFICERS AND DIRECTORS	
TITLE	PSTD <input checked="" type="checkbox"/> DELETE
NAME	CHASE, CHERI L.
STREET ADDRESS	3713 49TH ST STE 222
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHASE, Cheri L.
1.3 STREET ADDRESS	989 Sunrise Circle
1.4 CITY - ST - ZIP	Palm Harbor, FL 34683
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: **x Cheri L. Chase, President** DATE **4/29/97** (813) 781-4569

CR2E034 (9/96)