FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S73601** **(4)**

1. Corporation Name
OCEAN LIGHT MUSIC, INC.

Principal Place of Business
POB 2997
JUPITER FL 33468-2997

Mailing Address
POB 2997
JUPITER FL 33468-2997

3. Date Incorporated or Qualified: **08/13/1991**
3a. Date of Last Report: **04/17/1995**

4. FEI Number: **65-0282335** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Pre-corporation business liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

DILLMAN, CHRISTINE
17390 130TH AVENUE NORTH
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1584, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PVT DILLMAN-KOLB, CHRISTINE 17390 130TH AVENUE NORTH JUPITER FL	[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SPC DILLMAN-KOLB, CHRISTINE 17390 130TH AVENUE NORTH JUPITER FL	[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		[ ] DELETE
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY, ST, ZIP		[ ] Change [ ] Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY, ST, ZIP		[ ] Change [ ] Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY, ST, ZIP		[ ] Change [ ] Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY, ST, ZIP		[ ] Change [ ] Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY, ST, ZIP		[ ] Change [ ] Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY, ST, ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied herein is true, duly authorized, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Christine Dillman-Kolb 3-26-96 407 575 2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)