

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90010 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00284 1. Corporation Name RADIO Y MUSICA, INC.			
Principal Place of Business 333 SYLVAN AVE SUITE 304 ENGLEWOOD CLIFFS NJ 07632		Mailing Address 333 SYLVAN AVE SUITE 304 ENGLEWOOD CLIFFS NJ 07632	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 8121 GEORGIA AVENUE Suite, Apt. #, etc. 22 10 FLOOR City & State 23 SILVER SPRING, MD Zip 24 20910		2a. Mailing Address 26 8121 GEORGIA AVENUE Suite, Apt. #, etc. 27 10 FLOOR City & State 28 SILVER SPRING, MD Zip 29 20910	
3. Date Incorporated or Qualified 12/13/1991		4. FEI Number 59-3101950	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent ALONSO, ALFREDO 2901 WILLOW TREE PLACE TAMPA FL 33624 TAMPA FL 33607		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 607.1508, 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1. PTD ALONSO, ALFREDO 333 SYLVAN AVE, STE 304 ENGLEWOOD CLIFFS NJ 07632 ☐ DELETE 2. ☐ DELETE 3. ☐ DELETE 4. ☐ DELETE 5. ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☒ Change ☐ Addition 1.2 NAME ALONSO, ALFREDO 1.3 STREET ADDRESS 8121 GEORGIA AVENUE, 10 FLOOR 1.4 CITY-STATE-ZIP SILVER SPRING MD 20910 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (5/99)