

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 2 11 01 AM '95

DOCUMENT # **V72746** (3)

1. Corporation Name
MUSIC REVOLUTION, INC.

Principal Place of Business Mailing Address
4055 S DALE MABRY HWY TAMPA FL 33611 US **4055 S DAL MABRY HWY TAMPA FL 33611 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-3146166** 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**
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc Suits. Apt #, etc
22 27
City & State City & State
23 28
Zip Zip Country Country
24 25 29 30

9. Name and Address of Current Registered Agent
**COHN, ROY W.
3321 HENDERSON BLVD.
TAMPA FL 33629**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, JOHN MICHAEL
STREET ADDRESS	2509 JETTON AVE.
CITY- ST- ZIP	TAMPA FL
TITLE	VP
NAME	RUSSELL, ERNEST EVERETT
STREET ADDRESS	2414 WATROUS AVE.
CITY- ST- ZIP	TAMPA FL
TITLE	P
NAME	RUSSELL, ELIZABETH ERWI
STREET ADDRESS	2414 NATROUS AVE
CITY- ST- ZIP	TAMPA FL
TITLE	T
NAME	EATON, REX
STREET ADDRESS	4829 W. LEONA ST.
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Eaton, Rex	
13 STREET ADDRESS	4629 W. Leona St.	
14 CITY- ST- ZIP	Tampa, FL. 33629	
21 TITLE	J.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Russell, Elizabeth E.	
23 STREET ADDRESS	2414 Watrous Ave.	
24 CITY- ST- ZIP	Tampa, FL 33629	
31 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mark A. Smith	
33 STREET ADDRESS	3103 W. Chapin St.	
34 CITY- ST- ZIP	Tampa, FL. 33611	
41 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Cummings, Dennis	
43 STREET ADDRESS	6748 78th Ave.	
44 CITY- ST- ZIP	Pineellas Park, FL 34665	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis Cummings* 5-26-95 (813) 831-8889