

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72746**

(3)

1. Corporation Name

MUSIC REVOLUTION, INC.

Principal Place of Business

**4055 S DALE MABRY HWY
TAMPA FL 33611
US**

Mailing Address

**4055 S DALE MABRY HWY
TAMPA FL 33611
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COHN, ROY W.
3321 HENDERSON BLVD.
TAMPA FL 33629**

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
06/02/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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

Signature, typed or printed name of registered agent, and date of filing.

(NOTE: Registered Agent signature is required when not signing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **EATON, REX**
STREET ADDRESS **4629 W LEONA ST**
CITY-STATE-ZIP **TAMPA FL**

TITLE **VP** ☐ DELETE
NAME **RUSSELL, ELIZABETH E**
STREET ADDRESS **2414 WATRONS AVE**
CITY-STATE-ZIP **TAMPA FL**

TITLE **S** ☐ DELETE
NAME **SMITH, MARK A**
STREET ADDRESS **3103 W CHAPIN ST**
CITY-STATE-ZIP **TAMPA FL**

TITLE **T** ☒ DELETE
NAME **CUMMINGS, DENNIS**
STREET ADDRESS **6748 78TH AVE**
CITY-STATE-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 118.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rex Eaton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

DATE

813 831 8889

DAYTIME PHONE #

CR2E034 (12/95)