

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 # P27901 (8)

1. Corporation Name
SAFESITE RECORDS MANAGEMENT CORPORATION



Principal Place of Business: 96 HIGH STREET, P.O. BOX 330, N. BILLERICA MA 01862
Mailing Address: 96 HIGH STREET, P.O. BOX 330, N. BILLERICA MA 01862

3. Date Incorporated or Qualified 01/29/1990	3a. Date of Last Report 03/21/1995
4. FEI Number 04-3071673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYMAN, JAMES B., JR.	1.2 NAME	
STREET ADDRESS	96 HIGH ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	BILLERICA MA	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATTMAN, MARY FAY	2.2 NAME	
STREET ADDRESS	96 HIGH ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	BILLERICA MA	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, HARRY P., JR.	3.2 NAME	
STREET ADDRESS	96 HIGH ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	ROCHESTER NY	3.4 CITY- ST- ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLISANO, B. THOMAS	4.2 NAME	
STREET ADDRESS	96 HIGH ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	ROCHESTER MA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, HARVEY	5.2 NAME	
STREET ADDRESS	96 HIGH ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLET, DAVID F.	6.2 NAME	
STREET ADDRESS	96 HIGH ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Fay Kattman* 1/23/96 (508) 663-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)