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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 01862-0330

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.
4. FEI Number: 04-3071673
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, and 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] (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE: PD | WAYMAN, JAMES B., JR. | 1.1 TITLE | |
| STREET ADDRESS: 96 HIGH ST | | 1.2 NAME | |
| CITY-ST-ZIP: BILLERICA MA | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE: ST | KATTMAN, MARY FAY | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 96 HIGH ST | | 2.2 NAME | |
| CITY-ST-ZIP: BILLERICA MA | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE: CD | GOLISANO, B. THOMAS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 96 HIGH ST | | 3.2 NAME | |
| CITY-ST-ZIP: ROCHESTER MA | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE: D | BUNDY, HARVEY | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 96 HIGH ST | | 4.2 NAME | |
| CITY-ST-ZIP: CHICAGO IL | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE: D | BELLET, DAVID F. | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 96 HIGH ST | | 5.2 NAME | |
| CITY-ST-ZIP: NEW YORK NY | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE: | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | | 6.2 NAME | |
| CITY-ST-ZIP: | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I do 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: Mary Fay Kattman (Signature and typed name)
4/25/97 (508)663-7100 (Date and Daytime Phone)

CP2E034 (9/96)