

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90236 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 371143

1. Corporation Name  
**MARSHALL GRANT ORCHESTRAS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1750 N FLORIDA MANGO  
 408  
 WEST PALM BEACH FL 33409-5214  
 US

Mailing Address  
 STE 1B  
 1615 FORUM PL  
 WEST PALM BEACH FL 33401  
 US

3. Date Incorporated or Qualified  
**10/13/1970**

4. FEI Number  
**59-1313727**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address  
**515 N. Flagler Drive**

27 Suite, Apt. #, etc.  
**Suite 1800**

28 City & State  
**West Palm Beach, FL**

29 Zip Country  
**33401 USA**

9. Name and Address of Current Registered Agent

**ROBERT S. LEVY**  
**STE 1B BARRISTERS BLDG**  
**1615 FORUM PL**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name  
**Brian M. O'Connell**

82 Street Address (P.O. Box Number is Not Acceptable)  
**515 N. Flagler Drive**

83 Suite, Apt. #, etc.  
**Suite 1800**

84 City  
**West Palm Beach FL**

85 Zip Code  
**33401**

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]*; **Brian M. O'Connell, Reg. Agent** DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, MARLENE	
STREET ADDRESS	1615 FORUM PL STE 1B	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, ROBERT S	
STREET ADDRESS	1615 FORUM PL STE 1B	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William N. Tesone	
1.3 STREET ADDRESS	515 N. Flagler Dr., Suite 1800	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: *[Signature]*; **William N. Tesone, Pres.** DATE Daytime Phone #

CR2E034 (1/98)