2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N02000003190

Entity Name: BAHAMA VILLAGE MUSIC PROGRAM, INC.

Current Principal Place of Business:

727 FORT STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

727 FORT STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 30-0134445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, SUSAN M
221 SIMONTON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEERIN, MARY
Address: 1403 ALBURY ST
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: WOLMAN, HOWARD
Address: 1509 17TH ST
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: BAIRD, ANNA
Address: 29127 VIOLET DRIVE
City-St-Zip: BIG PINE KEY, FL 33043

Title: SD ( ) Delete
Name: DEITZ, BETSY
Address: 1501 LAIRD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SUSAN, TRIVISONNO
Address: 425 COROLINE ST
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: KELLY, BOB
Address: 1424 PETRONIA
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA BAIRD TR 04/19/2005

Electronic Signature of Signing Officer or Director — Date