2004 NOT-FOR-PROFIT CORPORATION

Jan 26, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N99000004057 01-26-2004 90010 020 ****70.00 SOUTH BEACH GAY MEN'S CHORUS, INC. Principal Place of Business Mailing Address 20 ISLAND AVE. P.O. BOX 190209 MIAMI BEACH, FL 33119-0209 MIAMI BEACH, FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 65-0932623 City & State Applied For Not Applicable Country-Country_ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAUB, ED 20 ISLAND AVE, #1509 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139 Zip Code 8. The above named entity submits this statement for the purpose of c red office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Ed Straub 1/22/04 SIGNATURE Signature, typed or printed name of register Begistered Agent signature required when reinstating) 9. Election Campaign Financing Trust and Contribution. Filing Fee is \$61.25 Make check payable to \$5.00 May Be Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. SD Delete TITLE TITLE ☐ Change Addition Secretary/Director ROBERTSON, DAN NAME NAME Ralph Kanaan STREET ADDRESS 750 ESPANOLA WAY #11 STREET ADDRESS 720 15th St. #5 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Miami Beach, FL 33139 TITLE ☐ Delete TITLE ☐ Change Addition Director STRAUB, ED NAME Edward G. Guedes STREET ADDRESS 20 ISLAND AVE STREET ADDRESS 2665_S._Bayshore_Dr._#420,_Miami,_FL_33133 MIAMI BEACH, EL 33139 CITY-ST-ZIP CITY-ST-ZIP Director Douglas MacKay TITLE VΡ **D**elete ☐ Change TITLE NAME ETZ, DAVID NAME 1215 Lenox Ave. STREET ADDRESS 1450 LINCOLN ROAD STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FENTERMACHER, FREDRIC NAME NAME STREET ADDRESS 6444 ALLISON RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE D **X** Delete TITLE Change ☐ Addition CLINE, KEVIN NAME STREET ADDRESS 1670 BAY DR. #4C STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental report is true and acquirate and that by 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 trusted employered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED