

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# N03000005946

Entity Name: NOVA BAND BOOSTERS, INC.

Current Principal Place of Business:

3600 COLLEGE AVENUE
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

ONE FINANCIAL PLAZA
SUITE 2202
FORT LAUDERDALE, FL 33394 US

New Mailing Address:

FEI Number: 20-0071692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFA, JOSEPH C
ONE FINANCIAL PLAZA
SUITE 2202
FT. LAUDERDALE, FL 33394 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: P () Delete
Name: PEDRAZAS, BOB
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

Title: VP () Delete
Name: KNABB, LYNN
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

Title: SEC () Delete
Name: NOTMAN, PEGGY
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

Title: TREA () Delete
Name: MOFFA, CATHY
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOORE, SABRINA
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

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

Title: SEC (X) Change () Addition
Name: DANIELS, JEAN
Address: 3600 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314 US

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

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: CATHY D. MOFFA

TREA

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date