


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90028 033 \*\*\*\*\*70.00

<b>DOCUMENT # 710201</b> 1. Entity Name <b>THE MUSIC GUILD OF BOCA RATON, INC.</b>					
Principal Place of Business <b>P.O. BOX 512 BOCA RATON FL 33429</b>			Mailing Address <b>P.O. BOX 512 BOCA RATON FL 33429</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>23-7378093</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOBIAS, EDITH 7649 LONDON LANE BOCA RATON FL 33433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOBIAS, EDITH		NAME		
STREET ADDRESS	7649 LONDON LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTOON, JUDY		NAME	<del>THE</del> SOMERDIN, SHELLY	
STREET ADDRESS	2285 POTOMAC ROAD		STREET ADDRESS	3908 SUMMERCHASE COURT	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, VIVIAN		NAME	MELICENT DUVALL	
STREET ADDRESS	10478 STONEBRIDGE BLVD.		STREET ADDRESS	6850 GRANDE DRIVE N.	
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUGUSTINE, HEDY		NAME	TOBIAS, ROBERT	
STREET ADDRESS	11170 LADINO STREET		STREET ADDRESS	7649 LONDON LANE	
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLOUTHER, KATHY		NAME	<del>SEAR</del> ROSS, SISTER ELIZABETH	
STREET ADDRESS	5951 WELLESLEY PARK DR., #704		STREET ADDRESS	125 W. HIDDEN VALLEY BLVD. #14	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOBIAS, ROBERT		NAME	LUCKENBELL, BOB	
STREET ADDRESS	7649 LONDON LANE		STREET ADDRESS	770 S.W. 3RD STREET	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	BOCA RATON, FL 33486	
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Robert L Tobias</i> / <b>ROBERT L TOBIAS</b>			3/11/04 561-395-5349		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					