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

SIGNATURE: 4

Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # 720046** 1. Entity Name 02-04-2004 90067 029 ****61.25 TREASURE COAST CONCERT ASSOCIATION, INC. Mailing Address Principal Place of Business 2394 SW FOXPOINT WAY PALM CITY FL 34990 2394 SW FOXPOINT WAY PALM CITY FL 34990 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1729236 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERLIN, ERNEST Street Address (P.O. Box Number is Not Acceptable) 2394 SW FOXPOINT PALM CITY FL 34990 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change X Addition TITLE ☐ Delete TITI F BERLIN, ERNEST NAME NAME ELISABETH LAHTI 2394 SW. FOXPOINT WAY STREET ADDRESS STREET ADDRESS 2123 SW SPOONBILL DR PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL. 34990 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GOTTFRIED, HERMAN MAME NAME 2607 SW GREENWICH WAY STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE AUSTIN JAMES NAMÉ NAME 3733 SW PHEASANT RUN STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE . - Addition TITLE JAFFE, NATALIE NAME 6500 SE HARBOR CIR STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP VΡ K Change ☐ Addition ☐ Delete TITLE NANGLE, TOM NAME 23 S. RIDGEVIEW RD STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE FABRICANT, ROBERT NAME NAME 2575 SW. GREENWICH WAY STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 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 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 attackprient with an address, with all other tike empowered.

FILED

Ernest Berlin, Pres. 1/29/04 772-220-8400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR