

**2005, NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # 760093

1. Entity Name
MUSICIANS EXCHANGE REFERRAL SERVICES, INC.



Principal Place of Business
**C/O DON COHEN
23 SW 22ND AVE
FT. LAUDERDALE, FL 33312**

Mailing Address
**C/O DON COHEN
23 SW 22ND AVE
FT. LAUDERDALE, FL 33312**



02192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, DON
23 SW 22ND AVE
FT. LAUDERDALE, FL 33312**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, DONALD
STREET ADDRESS	23 S.W. 22ND AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	VD
NAME	BAKER, JOHN
STREET ADDRESS	408 S ANDREWS AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D
NAME	SEBA, MEL
STREET ADDRESS	1116 NE 5TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 954-523-1776
Date Daytime Phone #