# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2007**
**Secretary of State**

DOCUMENT# 760093

**Entity Name:** MUSICIANS EXCHANGE REFERRAL SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-2031295** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

COHEN, DON
23 SW 22ND AVE
FT. LAUDERDALE, FL 33312 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: PD ( ) Delete
Name: COHEN, DONALD
Address: 23 S.W. 22ND AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VD ( ) Delete
Name: BAKER, JOHN
Address: 408 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: SEBA, MEL
Address: 1116 NE 5TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DON COHEN PRES 07/06/2007

Electronic Signature of Signing Officer or Director — Date