


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 008 ****61.25

DOCUMENT # F04000006874 1. Entity Name RECORDING MUSICIANS ASSOCIATION OF THE U.S. AND CANADA, INC.					
Principal Place of Business 140 MAIN STREET C/O NED J. PARSEICIAN HACKENSACK NJ 07601			Mailing Address 140 MAIN STREET C/O NED J. PARSEICIAN HACKENSACK NJ 07601		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 1951 NW 167TH AV Suite, Apt. #, etc.		
City & State PEMBROKE PINES, FLORIDA			4. FEI Number 22-2455867		
Zip 33028			Country US		
6. Name and Address of Current Registered Agent LEVIN, LEE 1951 NW 167TH AVE PEMBROKE PINES FL 33028			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Lee</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> 4/9/05 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYLING, PHIL 3027 PUNTA DEL ESTE HACIENDA HEIGHTS CA 91745	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEE LEVIN 1951 NW 167TH AV PEMBROKE PINES, FLORIDA 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUTON, BRUCE 604 CHESHIRE CIRCLE FRANKLIN TN 37069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAZER, MARC 202 N. PLYMOUTH BLVD. LOS ANGELES CA 90004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOKE, ANTONY 35119 CAMINO CAPISTRANO CAPISTRANO BEACH CA 92624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Lee</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 4/9/05 <small>Daytime Phone #</small> 954-290-0830					