


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90412 044 \*\*\*\*70.00

<b>DOCUMENT # N00000008442</b> 1. Entity Name <b>MUSIC FEST MIAMI, INC.</b>			
Principal Place of Business <b>150 SE 2ND AVE. STE 608 MIAMI, FL 33131</b>		Mailing Address <b>150 SE 2ND AVE. STE 608 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>150 SE 2nd Ave.</b> Suite, Apt. #, etc. <b>Ste. 404</b>		3. Mailing Address <b>150 SE 2nd Ave</b> Suite, Apt. #, etc. <b>Ste 404</b>	
City & State <b>Miami, FL</b> Zip <b>33131</b>		City & State <b>Miami, FL</b> Zip <b>33131</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1063090</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>MOSS, DANA M SR 150 SE 2ND AVE STE. 608 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>150 SE 2nd Ave Ste 404</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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) DATE</small>			
<b>Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOSS, DANA M SR</b> <input checked="" type="checkbox"/> Delete <b>8523 NW 164TH STREET</b> <b>MIAMI, FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>M. Ronald Krongold</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>201 Alhambra Circle, Ste. 801</b> <b>Coral Gables, Florida 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DIAZ, MANUEL</b> <input checked="" type="checkbox"/> Delete <b>2665 S BAYSHORE DRIVE SUITE 200</b> <b>MIAMI, FL 33183</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Stephen Beatus</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1111 Parrot Jungle Trail</b> <b>Miami, Florida 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>RODRIGUEZ, RENE</b> <input checked="" type="checkbox"/> Delete <b>PO BOX 370-725</b> <b>MIAMI, FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Marya Meyer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3841 N.E. 2nd Ave Ste 301</b> <b>Miami, Florida 33137</b>
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
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-23-04</b> <b>305. 446. 3033</b> <small>Date Daytime Phone #</small>	