2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N01000005843

Entity Name: MARCHING 100 ALUMNI BAND ASSOCIATION INCORPORATED

Current Principal Place of Business:

4425 NW 44TH PLACE
GAINESVILLE, FL 32606

New Principal Place of Business:

2377 EMERALD LOOP
TALLAHASSEE, FL 32303

Current Mailing Address:

4425 NW 44TH PLACE
GAINESVILLE, FL 32606

New Mailing Address:

P.O. BOX 7133
TALLAHASSEE, FL 32314

FEI Number: 58-2633444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, AUBRONCEE
4425 NW 44TH PLACE
GAINESVILLE, FL 32606 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: PCD ( ) Delete
Name: GAINES, VICTOR
Address: 2000 HASSELL RD #301
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: VD ( ) Delete
Name: SPENCER, BRUCE
Address: 2320 NORTH BROAD STREET 2ND FLOOR
City-St-Zip: PHILADELPHIA, PA 19132

Title: D ( ) Delete
Name: MARTIN, AUBRONCEE
Address: 4425 NW 44PL
City-St-Zip: GAINESVILLE, FL 323606

Title: D ( ) Delete
Name: SIMPSON-BUSH, LORETTA
Address: 2049 ROSEMONT TERR
City-St-Zip: JONESBORO, GA 30236

Title: SD ( ) Delete
Name: EVANS, KIMBERLY
Address: 8400 49TH ST NORTH #502
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: GAINES, VICTOR
Address: 2377 EMERALD RIDGE LOOP
City-St-Zip: TALLAHASSE, FL 32303

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

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

Title: D (X) Change ( ) Addition
Name: WHITE, TONY
Address: 1155 S. BREVARD STREET
City-St-Zip: ST. AUGUSTINE, FL 33701

Title: SD (X) Change ( ) Addition
Name: EVANS, KIMBERLY
Address: 529 12TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 32301

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: AUBRONCEE MARTIN D 04/28/2008

Electronic Signature of Signing Officer or Director — Date