2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 11, 2008 8:00 am **Secretary of State** DOCUMENT # N02000002186 01-11-2008 90066 041 ****70.00 FLORIDA SYMPHONIC POPS, INC. Principal Place of Business Mailing Address 500 AUSTRALIAN AVE. SOUTH 500 AUSTRALIAN AVE. SOUTH 4000-**SUITE 100** SUITE 100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) FEI Number NOT APPLICABLE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZGERALD, JAMES F 500 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL :33401 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Sec/TION TITLE ☐ Change TITLE ARONSON RUBOHI NAME FITZGERALD, JAMES F NAME 500 ACITEBLIAN ARE South Scripe IN 500 AUSTRALIAN AVE. SOUTH, SUITE #100 STREET ADDRESS STREET ADDRESS West Polin Beach, FL 33401 CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LAPPIN, W ROBERT NAME 500 AUSTRALIAN AVE. SOUTH, SUITE #100 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE ☐ Channe NAME PIETRAFESA, RICHARD NAME STREET ADDRESS 500 AUSTRALIAN AVE. SOUTH, SUITE #100 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change Addition

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JOH AMM Serfien 1/168 561-832-1617

Date Daytime Phone *

FILED