

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002186

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: FLORIDA SYMPHONIC POPS, INC.

**Current Principal Place of Business:**

500 AUSTRALIAN AVE. SOUTH  
SUITE 100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

500 AUSTRALIAN AVE. SOUTH  
SUITE 100  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

ARONSON, ROBERT I  
500 AUSTRALIAN AVE. SOUTH  
STE 100  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: LAPPIN, W ROBERT  
Address: 500 AUSTRALIAN AVE. SOUTH, SUITE #100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: PIETRAFESA, RICHARD  
Address: 500 AUSTRALIAN AVE. SOUTH, SUITE #100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: ARONSON, ROBERT I  
Address: 500 AUSTRALIAN AVE S STE 100  
City-St-Zip: WEST PALM BEACH, FL 33401

**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: ROBERT ARONSON

ST

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date