2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009518

Entity Name: MIAMI YOUTH MUSIC FOUNDATION, INC.

May 11, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4950 SAN AMARO DR. 10131 SW 40 TERRACE CORAL GABLES, FL 33146 MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

10131 SW 40 TERRACE 4950 SAN AMARO DR. CORAL GABLES, FL 33146 MIAMI, FL 33165

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

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete NOBLE, JASON NOBLE, JASON L MR. Name: Name:

4950 SAN AMARO DR. Address: 8865 SW 16 ST Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33165

Title: VD Title: (X) Change () Addition () Delete NOBLE, JOSH Name: RODRIGUEZ, LAZARO MR. Name: Address: 4950 SAN AMARO DR. Address: 10131 SW 40 TERRACE City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33165

Title: () Delete Title: (X) Change () Addition RODRIGUEZ, LAZARO O'DELL, JACKIE MS. Name: Name:

4950 SAN AMARO DR. Address: Address: 11101 SW 47 ST City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33165

Title: () Delete Title: (X) Change () Addition Name: SANCHEZ, LUIS Name: DAVIS, CHRISTOPHER M MR. Address: 4950 SAN AMARO DR. Address: 4950 SAN AMARO DR. City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MR. JASON L. NOBLE PD 05/11/2003