

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/24.

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-24-2003 90068 029 ****61.25

DOCUMENT # N02292			
1. Entity Name FESTIVAL OF ORCHESTRAS, INC.			
Principal Place of Business 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803		Mailing Address 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803	
2. Principal Place of Business 1353 PALMETTO AVE		3. Mailing Address	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State	
4. FEI Number 59-2416916		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZO, JOSEPH J 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803		7. Name and Address of New Registered Agent 1353 PALMETTO AVE. SUITE 100 WINTER PARK FL 32789-4947	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME RIZZO, JOSEPH J	<input checked="" type="checkbox"/> Delete	TITLE CHAIRPERSON DIRECTOR
STREET ADDRESS 2125 NORTH HAMPTON CIRCLE	CITY-ST-ZIP WINTER PARK FL 32792		NAME RUBY HOMAYSI LCDR, MSC, USN (RET)
			STREET ADDRESS 1409 BYLEWOOD ST.
			CITY-ST-ZIP WINTER PARK, FL 32730
TITLE CEO	NAME RIZZO, JOSEPH J	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS 2125 NORTH HAMPTON CIRCLE	CITY-ST-ZIP WINTER PARK FL 32792		NAME _____
			STREET ADDRESS _____
			CITY-ST-ZIP _____
TITLE SD	NAME LAWRENCE, JAMES L	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS 5900 LAKE ELLENOR DR	CITY-ST-ZIP ORLANDO FL 32809		NAME _____
			STREET ADDRESS _____
			CITY-ST-ZIP _____
TITLE TD	NAME FOOTE, ROGER	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS 7600 SOUTHLAND BLVD.	CITY-ST-ZIP ORLANDO FL		NAME _____
			STREET ADDRESS 709 WEST OAK RIDGE ROAD
			CITY-ST-ZIP ORLANDO, FL 32809
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE TD
STREET ADDRESS _____	CITY-ST-ZIP _____		NAME NICHOLAS H. STESHAK
			STREET ADDRESS 3086 WOOLRIDGE DRIVE
			CITY-ST-ZIP ORLANDO, FL 32837-9075
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____		NAME _____
			STREET ADDRESS _____
			CITY-ST-ZIP _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
SIGNATURE: _____		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Joseph J. Rizzo		2/26/03	
_____		_____	
_____		Daytime Phone #	

CR2E037 (10/02)