

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90134 042 \*\*\*\*61.25

<b>DOCUMENT # N03000004190</b> 1. Entity Name <b>MUSICAMERICA PERFORMANCE ACADEMY, INC.</b>					
Principal Place of Business <b>3201 GRIFFIN ROAD FOURTH FLOOR FORT LAUDERDALE, FL 33312</b>			Mailing Address <b>3201 GRIFFIN ROAD FOURTH FLOOR FORT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business <b>1164 S. Powerline Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>1164 S. Powerline Rd</b> Suite, Apt. #, etc.		
City & State <b>Pompano Beach FL</b> Zip Country <b>33069</b>			City & State <b>Pompano Beach FL</b> Zip Country <b>33069</b>		
4. FEI Number <b>16-1666732</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SHAKED, SAGI ESQ. 201 ALHAMBRA CIRCLE STE 705 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Clay Contouris</b> Street Address (P.O. Box Number is Not Acceptable) <b>1164 S. Powerline Rd</b> City <b>Pompano Beach FL</b> Zip Code <b>33069</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABRAHAMSON, CURTIS</b> <b>3880 S.W. 53RD COURT</b> <b>FORT LAUDERDALE, FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Regular Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>FLEISCHMAN, RICHARD</b> <b>1251 N.E. 108TH ST. STE 810</b> <b>NORTH MIAMI, FL 33161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Regular Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <input type="checkbox"/> Delete <b>DE LOS SANTOS, JACQUELINE</b> <b>5816 N.W. 20TH STREET</b> <b>MARGATE, FL 33063</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <input type="checkbox"/> Delete <b>MICHAEL, WAGNER DR.</b> <b>16233 S.W. 108TH COURT</b> <b>MIAMI, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <input type="checkbox"/> Delete <b>HENDEL, AMICHAH</b> <b>11241 W. ATLANTIC BLVD. APT. 301</b> <b>CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <input type="checkbox"/> Delete <b>ABRAHAMSON, JANENE</b> <b>3880 S.W. 53RD COURT</b> <b>FORT LAUDERDALE, FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/2/04</b> <small>Date</small>		
<small>Daytime Phone #</small>					