

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004666

**FILED**  
**Apr 24, 2004**  
**Secretary of State**

**Entity Name:** NATIONAL ACADEMY OF PERFORMING ARTS, INC.

**Current Principal Place of Business:**

PO BOX 2854  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2854  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 16-1667545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KRANZ, ALEXANDER J ESQ  
GREATER PALM BEACHES PA  
2790 N MILITARY TRAIL SUITE 6  
WEST PALM BEACH, FL 33409 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition  
Name: SFERRA, ADREW  
Address: P O BOX 2854  
City-St-Zip: PALM BEACH, FL 33480 28

Title: D ( ) Change (X) Addition  
Name: EL GABRI, HASSAN  
Address: P O BOX 3054  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Change (X) Addition  
Name: GOLDSCHMIDT, ASHA  
Address: 235 SUNRISE AVENUE # 3220  
City-St-Zip: PALM BEACH, FL 33480

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: ANDREW SFERRA

D

04/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date