2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-07-2004 90320 001 *****8.75
04-07-2004 90320 002 ****61.25

00410300

MOORE CR2E037 (11/03)

DOCUMENT # N03000005382

1. Entity Name

LYRIC CHAMBER ORCHESTRA AT HIGHLAND BEACH, INC.

Principal Place of Business	Mailing Address
4748 SOUTH OCEAN BLVD. APT. 1202 HIGHLAND BEACH FL 33487	4748 SOUTH OCEAN BLVD. APT. 1202 HIGHLAND BEACH FL 33487

2. Principal Place of Business	3. Mailing Address
4748 South Ocean Blvd	
Suite, Apt. #, etc. 1202	Suite, Apt. #, etc. Same
City & State Highland Beach Fl	City & State
Zip 33487 / Country U.S.A.	Zip / Country

4. FEI Number 45-052-0531 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REDGRAVE & TURNER LLP 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Seymour A. Strauss CH of Bd — 3-30-04 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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 D NAME STRAUSS, SEYMOUR STREET ADDRESS 4748 SOUTH OCEAN BLVD. CITY-ST-ZIP HIGHLAND BEACH FL 33487 CHAIRMAN of Bd ☐ Delete	TITLE NAME JERRY MORGASEN STREET ADDRESS 4748 S. OCEAN BOULEVARD, #1401 CITY-ST-ZIP HIGHLAND BEACH FLORIDA 33487 ☐ Change ☒ Addition
TITLE D NAME REID, THOMAS J. STREET ADDRESS 3015 SOUTH OCEAN BLVD. CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete	TITLE NAME NICK NICOLAS STREET ADDRESS 4748 S. OCEAN BLVD. #4-A CITY-ST-ZIP Highland Beach FL. 33487 Treasurer ☐ Change ☒ Addition
TITLE D NAME GRACE, GERALD FATHER STREET ADDRESS 3510 SOUTH OCEAN BLVD. CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete	TITLE NAME MIKI FRANKLIN STREET ADDRESS 4748 S. OCEAN BLVD CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Change ☒ Addition
TITLE D NAME SALIBELLO, MARY A STREET ADDRESS 1002 RUSSEL DRIVE CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☒ Delete	TITLE NAME DOROTHY STRAUSS STREET ADDRESS 4748 S. OCEAN BLVD CITY-ST-ZIP HIGHLAND BEACH FL 33487 Secretary ☐ Change ☒ Addition
TITLE D NAME STEVENS, RUTH STREET ADDRESS 2642 CRAN BROOK COURT CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME SURRELLI, JOHN STREET ADDRESS 3420 SOUTH OCEAN BLVD. CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Seymour Robert Strauss CH. of Bd — 4/16/04 — 561-391-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Seymour Robert STRAUSS