

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

DOCUMENT# N03000005946

**FILED**  
**Feb 17, 2004**  
**Secretary of State****Entity Name:** NOVA BAND BOOSTERS, INC.**Current Principal Place of Business:**3600 COLLEGE AVENUE  
DAVIE, FL 33314 US**New Principal Place of Business:****Current Mailing Address:**ONE FINANCIAL PLAZA  
SUITE 2202  
FORT LAUDERDALE, FL 33394 US**New Mailing Address:****FEI Number:** 20-0071692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOFFA, JOSEPH C  
ONE FINANCIAL PLAZA  
SUITE 2202  
FT. LAUDERDALE, FL 33394 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:** P      ( ) Delete  
**Name:** PEDRAZAS, BOB  
**Address:** 3600 COLLEGE AVENUE  
**City-St-Zip:** DAVIE, FL 33314 US**Title:** VP      ( ) Delete  
**Name:** KNABB, LYNN  
**Address:** 3600 COLLEGE AVENUE  
**City-St-Zip:** DAVIE, FL 33314 US**Title:** SEC      ( ) Delete  
**Name:** NOTMAN, PEGGY  
**Address:** 3600 COLLEGE AVENUE  
**City-St-Zip:** DAVIE, FL 33314 US**Title:** TREA      ( ) Delete  
**Name:** MOFFA, CATHY  
**Address:** 3600 COLLEGE AVENUE  
**City-St-Zip:** DAVIE, FL 33314 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: CATHY D. MOFFA

TREA

02/17/2004

Electronic Signature of Signing Officer or Director

Date