
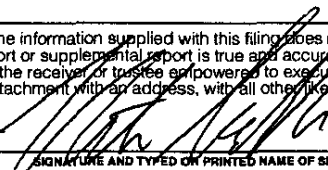


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91068 025 \*\*\*\*61.25

<b>DOCUMENT # N04000004036</b> 1. Entity Name RIAA, INC.					
Principal Place of Business 7000 N. FEDERAL HIGHWAY, 2ND FLOOR BOCA RATON, FL 33487			Mailing Address 7000 N. FEDERAL HIGHWAY, 2ND FLOOR BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>37-1482170</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CANTOR, JERALD C 4000 HOLLYWOOD BLVD #2655 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, RICHARD		NAME		
STREET ADDRESS	7000 N. FEDERAL HIGHWAY, 2ND FLOOR		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLICK, NATHAN		NAME		
STREET ADDRESS	7000 N. FEDERAL HIGHWAY, 2ND FLOOR		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERBERT, MICHAEL		NAME		
STREET ADDRESS	7000 N. FEDERAL HIGHWAY, 2ND FLOOR		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPERN, CORY		NAME		
STREET ADDRESS	7000 N. FEDERAL HIGHWAY 2ND		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(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> 			NATHAN GARLICK		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/04 561-241-7977		
<small>Date</small>			<small>Daytime Phone #</small>		