2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000006154

Entity Name: CHAMELEON MUSICIANS, INC.

Current Principal Place of Business:

517 NE 13TH AVE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

517 NE 13TH AVE
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 86-1109841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'CONNOR, DENNIS J
9165 PARK DRIVE
MIAMI SHORES, FL 33138, FL 33138 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: PST ( ) Delete
Name: VAN ECK, IRIS
Address: 517 NE 13TH AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: V ( ) Delete
Name: FREI, CAROL
Address: 39 CASTLE HARBOR ISLE
City-St-Zip: FT LAUDERDALE, FL 333086011

Title: D ( ) Delete
Name: CHAMBERLIN, LYDIA
Address: 5348 NE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete
Name: CLARKE, ELEANOR
Address: 710 COUNTRY CLUB CIRCLE
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: KONDRACKI-DWYER, MARIA C
Address: 669 NW 46 AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: STEINBERG, INA
Address: 770 NW 77TH AVENUE
City-St-Zip: PLANTATION, FL 33324

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:

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 exemption stated in Chapter 119, 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: IRIS VAN ECK PST 04/30/2009
Electronic Signature of Signing Officer or Director — Date