2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90135-025-$61.25-$61.25

FILED
05 OCT 20 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009911

1. Entity Name
SOUTHERNMOST MUSIC LEAGUE, INC.

Principal Place of Business	Mailing Address
1429 12TH STREET KEY WEST, FL 33040	1429 12TH STREET KEY WEST, FL 33040

08162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1523 Fourth St	POB 6513
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Key West, Fl	Key West, Fl
Zip: 33040 Country: USA	Zip: 33041 Country: USA

4. FEI Number 41-2186287 ☒ 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
ERSKINE, LARRY R 1429 12TH STREET KEY WEST, FL 33040	Name: Kitty F. Wheeler Street Address (P.O. Box Number is Not Acceptable): 1523 Fourth St City: Key West FL Zip Code: 33040

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: Kitty F Wheeler P/D 9-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERSKINE, LARRY R 1429 12TH STREET KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Kitty F. Wheeler 1523 4th St. Key West, Fl 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Leslie-Knox-Rojas 2100 Flagler Ave Key West, Fl 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Roberts OCT 25 2005	☐ 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: Kitty F Wheeler 8-16-05 305-293-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #