

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010529 1. Entity Name MUSIC IN THE MOUNTAINS, INC.				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV -7 AM 9:30 REINSTATEMENT 05 08/23/05 90012 016 6135 	
Principal Place of Business METTLER, SHELTON, RANDOLPH & MAREK 340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH, FL 33480			Mailing Address METTLER, SHELTON, RANDOLPH & MAREK 340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		06212005 Chg-NP CR2E037 (10/03) 4. FEI Number 20-2949979 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RANDOLPH, J. CATER II METTLER, SHELTON, RANDOLPH & MAREK 340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WATSON, H. MITCHELL 333 EDEN ROAD PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERRYHILL, BRUCE P.O. BOX 1945 CASHIERS, NC 28717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INGERHAM, PATRICIA 160 FRANK ALLEN ROAD CASHIERS, NC 28717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RECTOR, CAROL BLUE RIDGE SCHOOL, HWY. 107 N. GLENNVILLE, NC 28736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERBERG, ROBERT WESTERN CAROLINA UNIV., DEPT. OF MUSIC CULLOWHEE, NC 28723	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 7/29/05 Daytime Phone #: 888-1430209	

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**METTLER
SHELTON
RANDOLPH
& MAREK**

File No. 3137.1
Direct Dial Telephone: 561-472-6088
Direct Dial Facsimile: 561-472-6089
crandolph@mettlerlaw.com

November 3, 2005

Via Certified Mail Return Receipt Requested

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Music in the Mountains
Document #N04000010529**

Dear Sir or Madam:

I was surprised to receive from you a Notice of Dissolution or Revocation of the above-referenced corporation. Following receipt, I immediately called your office and was told I should have received a rejection letter regarding the Annual Report I filed by certified mail August 19, 2005. I never received such rejection letter.

As I understand from your office, the reason the annual Report was rejected is because it lacked a FEI Number.

Please accept the enclosed copy of my August 19, 2005 correspondence (which now includes the FEI number on Line 4) as the original Annual Report and please waive the reinstatement fee.

Thank you for your cooperation.

Sincerely,



Cater Randolph

CR/cmb/Enclosures

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