## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N05000003575

1. Entity Name

Principal Place of Business

FORT LAUDERDALE, FL 33312

2411 SW 28TH AVE

BROWARD SYMPHONIC POPS ORCHESTRA, INC.



Mailing Address

2411 SW 28TH AVE FORT LAUDERDALE, FL 33312 FILED
Apr 25, 2007 08:00 A
Secretary of State



04202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-2706735

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO	NOT	WRITE
IN	THIS	SPACE

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. It am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or crinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
	Filing Fee is \$61,25 ···· · · · · · · · · · · · · · · · ·	, -9Election.Campaign.Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	"U00000730594" 05/08/07-30086-011 61.25		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNKEL, MITCH 2411 SW 28TH AVE FORT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MURRELL, SUE 2411 SW 28TH AVE FORT LAUDERDALE, FL 33312		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUNKEL, RENEE \$ 2411 SW 28TH AVE FORT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in the contained in Chapter 119, Florida Statutes. I further certify that the information indicated in the contained in the conta						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER

President

4/23/07

Daytime Phone #