## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06698

FILED Mar 31, 2005 Secretary of State

Entity Name: THE JOY OF MUSIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 EAST 7TH ST., STE, 327 BLOOMINGTON, IN 47405 **Current Mailing Address: New Mailing Address:** 400 EAST 7TH ST., STE. 327 BLOOMINGTON, IN 47405 FEI Number: 59-2474249 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROMAN, MARY B ROMAN, MARY B **1825 21ST AVENUE** 615 KENWOOD DR. SW **UNIT A UNIT A** VERO BEACH, FL 32960 US VERO BEACH, FL 32968 US 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: 03/31/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WIENER, RUSSEL DR. Name: Name: Address: 65 EAST PARKWAY NORTH Address: City-St-Zip: MEMPHIS, TN City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HEALD, CAROLYN MISS Name: Address: 360 SW 74TH TERRACE Address: City-St-Zip: PLANTATION, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROMAN, MARY Name: ROMAN, MARY Name: 2700 NORTH AIA APT 1203 615 KENWOOD DR. SW Address: Address: City-St-Zip: NO HUTCHINSON IS, FL 34949 City-St-Zip: VERO BEACH, FL 34968 Title: () Delete Title: () Change () Addition Name: BISH, DIANE Name: 2008 COVENTANTER DR. Address: Address: City-St-Zip: BLOOMINGTON, IN City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE J. BISH PRES 03/31/2005