


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90075 041 \*\*\*\*61.25

<b>DOCUMENT # N07000003957</b>	
1. Entity Name <b>THE GREATER MIAMI SYMPHONIC BAND, INC.</b>	

Principal Place of Business 7341 SW 167TH ST. MIAMI, FL 33157	Mailing Address PO BOX 16-1233 MIAMI, FL 33116-1233
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01092008 Chg-NP	CR2E037 (12/06)
4. FEI Number <b>71-1032171</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SIERT, NORRIS 7341 SW 167TH ST. MIAMI, FL 33157	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Norris Siert
STREET ADDRESS		STREET ADDRESS	7341 SW 167th Street
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33157
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Thom Proctor
STREET ADDRESS		STREET ADDRESS	9981 SW 37th Terrace
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33165
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	David S. Collings
STREET ADDRESS		STREET ADDRESS	10744 North Kendall Drive, #M-8
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sue Simpkins
STREET ADDRESS		STREET ADDRESS	10041 SW 134th Street
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **Norris Siert, President** **January 9, 2007** **(305) 233-6679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #