
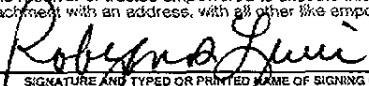


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17200</b> 1. Entity Name <b>ALL-AMERICAN EDUCATIONAL MUSIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>6005 LEXINGTON PARK ORLANDO, FL 32819</b>		Mailing Address <b>6005 LEXINGTON PARK ORLANDO, FL 32819</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01142004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number <b>59-2724621</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>02/10/04-80021-006 61.25</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST LINER, LAWRENCE J. 6005 LEXINGTON PARK ORLANDO, FL</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LINER, ROBYN G. 6005 LEXINGTON PARK ORLANDO, FL</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LINER, R E 6005 LEXINGTON PK ORLANDO, FL 32819</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: 		<b>2-3-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	