## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19851

FILED Apr 24, 2006 Secretary of State

Entity Name: NEW WORLD SYMPHONY, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O HOWARD HERRING 541 LINCOLN ROAD MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** C/O HOWARD HERRING 541 LINCOLN ROAD MIAMI BEACH, FL 33139 FEI Number: 59-2809056 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRING, HOWARD 541 LINCÓLN ROAD MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FRANK, HOWARD FRANK, HOWARD Name: Name: 3655 NW 87 AVENUE Address: 3655 NW 87 AVENUE Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: ( ) Delete Title: () Change () Addition MORRISON, WILLIAM Name: Name: Address: 700 BRICKELL AVE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KATCHER, GERALD Name: KATCHER, GERALD Name: 1111 BRICKELL AVE #3000 1111 BRICKELL AVE #3000 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: ( ) Delete Title: () Change () Addition Name: STONE, RONALD Name: 2103 CORAL WAY STE 200 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition HERRING, HOWARD Name: Name: 541 LINCOLN ROAD Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WYNN. LAURIE MOSS, ROBERT Name: Name: Address: 18851 NE 29 AVENUE Address: 445 GRAND BAY DRIVE #29 AVENTURA, FL 33180 KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID PHILLIPS CFO 04/24/2006