2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N19851

Entity Name: NEW WORLD SYMPHONY, INC.

Current Principal Place of Business:

C/O HOWARD HERRING
541 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O HOWARD HERRING
541 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2809056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRING, HOWARD
541 LINCOLN ROAD
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	FRANK, HOWARD	
Address:	3655 NW 87 AVENUE	
City-St-Zip:	MIAMI, FL 33178	
Title:	T	( ) Delete
Name:	MORRISON, WILLIAM	
Address:	700 BRICKELL AVE	
City-St-Zip:	MIAMI, FL 33131	
Title:	CD	( ) Delete
Name:	KATCHER, GERALD	
Address:	1111 BRICKELL AVE #3000	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	(X) Delete
Name:	STONE, RONALD	
Address:	2103 CORAL WAY STE 200	
City-St-Zip:	MIAMI, FL 33145	
Title:	P	( ) Delete
Name:	HERRING, HOWARD	
Address:	541 LINCOLN ROAD	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	S	( ) Delete
Name:	MOSS, ROBERT	
Address:	445 GRAND BAY DRIVE #29	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/11/2008

Electronic Signature of Signing Officer or Director — Date