## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19851

FILED Mar 20, 2009 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 PHILLIPS, DAVID J MANAGER 541 LINCÓLN ROAD 541 LINCÓLN ROAD

MIAMI BEACH, FL 33139 US 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: DAVID PHILLPS 03/20/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

FRANK, HOWARD KASDIN, NEISEN Name: Name: 3655 NW 87 AVENUE Address: ONE SOUTHEAST THIRD AVE 25TH FLOOR Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33131

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: GREENE, ROSE ELLEN Name: 1111 BRICKELL AVE #3000 201 SOLANO PRADO Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: CORAL GABLES, FL 33156

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: Title: () Delete () Change () Addition

MOSS, ROBERT Name: Name: 445 GRAND BAY DRIVE #29 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 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** 03/20/2009