FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:59
TALLAHASSEE, FLORIDA

DOCUMENT # N23111 (0)

1. Corporation Name
NATIONAL MUSIC FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O NATIONAL MUSIC FOUNDATION INC ~~[illegible] 2120~~ 70 Kemble St LENOX MA 01240 US	~~C/O JOHN P HIGGINS, ESQUIRE 100 SECOND AVE S. STE 1202 ST PETERSBURG FL 33701 US~~

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2852994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 .	26 National Music
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Foundation
City & State 23 .	City & State 28 Lenox MA
Zip 24 / Country 25	Zip 29 01240 / Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIGGINS, JOHN P. ESQUIRE ~~100 SECOND AVE S., SUITE 1202~~ ~~ST. PETERSBURG FL 33701~~	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 200 Central Avenue Suite 2323 03 04 City: St Petersburg FL 05 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2-22-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, GLORIA	12 NAME	
STREET ADDRESS	7A COLDBROOKE SOUTH	13 STREET ADDRESS	
CITY ST ZIP	LENOX MA 01240	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	HAIMES, JUDITH	22 NAME	
STREET ADDRESS	10710 SEMINOLE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	SEMINOLE FL 34648	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JOHN P., ESQ.	32 NAME	
STREET ADDRESS	100 SECOND AVE S #1202	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	CH
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	# DEPOSITED BY BANK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: By: Gloria Pennington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95
Date

413 637 1800
Telephone Number

0014447