

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25640

FILED
Mar 15, 2004
Secretary of State**Entity Name:** SECOND GENERATION SINGERS, INC.**Current Principal Place of Business:**1229 NE 37 STREET
FORT LAUDERDALE, FL 33334**New Principal Place of Business:****Current Mailing Address:**1229 NE 37 STREET
FORT LAUDERDALE, FL 33334**New Mailing Address:****FEI Number:** 65-0109813**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHAPMAN, BETH A
1850 SW 81 WAY
DAVIE, FL 33324 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: P () Delete
Name: SCHMUCKER, BRAD
Address: 3612 NW 59TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: SEDLECK, KATHY
Address: 5181 NW 64TH DR
City-St-Zip: POMPANO BEACH, FL 33067

Title: T () Delete
Name: CHAPMAN, BETH A
Address: 1850 SW 81 WAY
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: GROCHER, CYNTHIA
Address: 4221 NW 66 AVE.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: MURI, DAVID
Address: 2355 NW 110TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: D () Delete
Name: HAMBROOK, CHRIS
Address: 705 SE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SCHMUCKER, BRAD
Address: 3612 NW 59TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

Title: P (X) Change () Addition
Name: SEDLECK, KATHY
Address: 5181 NW 64TH DR
City-St-Zip: POMPANO BEACH, FL 33067

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

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

Title: VP (X) Change () Addition
Name: MURI, DAVID
Address: 2355 NW 110TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33322

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETH A. CHAPMAN

T

03/15/2004

Electronic Signature of Signing Officer or Director

Date