2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

May 01, 2003 8:00 am Secretary of State **DOCUMENT # N31442** 1. Entity Name 05-01-2003 90806 028 ****61 25 SYMPHONY GUILD OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 7300 P.O. BOX 7300 FT. LAUDERDALE FL 33338 FT. LAUDERDALE FL 33338 2. Principal Place of Business 3. Mailing Address O. Box P. O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0141961 Applied For Bead Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINER-HORNSTEYN, HELENA Street Address (P.O. Box Number is Not Acceptable) 10250 COLLINS AVE. **APT 301 MIAMI FL 33154** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEINER-HORNSTEYN, HELENA NAME NAME STREET ADDRESS 10250 COLLINS AVE. #301 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33154** CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE ALZURI, MAGDA NAME NAME ____ 1131 SE FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BEACH, ANNA NAME STREET ADDRESS 2325 NE 17 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 TITLE C Delete TITLE ☐ Change ☐ Addition NAME Sullivan. Irene NAME STREET ADDRESS 4411 NE 15 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 accurage 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 of trustee embodies are decreased as an extensive of the corporation or the receiver of trustee embodies. It is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee employed, or on an attachment with an address.

SIGNATURE:

FILED