2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 17, 2009 DOCUMENT# N35672 Secretary of State

Entity Name: ORLANDO CONCERT BAND, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O DAVID L. MITCHELL C/O SALLY CARTER

15507 MARBLEHEAD WAY 13329 HARBOR SHORE LANE CLERMONT, FL 34714 WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

C/O DAVID L. MITCHELL C/O SALLY CARTER

15507 MARBLEHEAD WAY 13329 HARBOR SHORE LANE CLERMONT, FL 34714 WINTER GARDEN, FL 34787 US

FEI Number: 59-3003409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL, DAVID L DT CARTER, SALLY DP 15507 MARBLEHAD WAY 13329 HÁRBOR SHORE LANE

CLERMONT, FL 34714 WINTER GARDEN, FL 34787 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: SALLY CARTER 12/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change () Addition

MALL, JILL CARTER, SALLY Name: Name:

3908 LAKE MIRAGE BLVD Address: 13329 HARBOR SHORE LANE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: WINTER GARDEN, FL 34787

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

GREENWOOD, RICHARD A Name: Name: Address: 3424 RIDGE PLACE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip:

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

REIGER, HEIDI Name: Name: Address: 203 E ESTHER ST Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip:

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

LEFKOWITZ, AARON Name: Name: 705 MONMOUTH WAY Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip:

Title: DT () Delete Title: (X) Change () Addition

MITCHELL, DAVID L Name: Name: GRUBE, ANJA 15507 MARBLEHAD WAY 13167 LUXBURY LOOP Address: Address: City-St-Zip: CLERMONT, FL 34714 City-St-Zip: ORLANDO, FL 32837

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: SALLY CARTER DP 12/17/2009