

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 10, 2005
Secretary of State

DOCUMENT# N38690

Entity Name: THE FRIENDS OF THE UNIVERSITY OF MIAMI SCHOOL OF MUSIC, INC.**Current Principal Place of Business:**6200 SAN AMARO DR.
CORAL GABLES, FL 331461514**New Principal Place of Business:****Current Mailing Address:**1570 MADRUGA AVE
% STAN LEVIN
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 65-0201227**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVIN, STANTON G.
1570 MADRUGA AVE.
CORAL GABLES, FL 33146 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:** VPD () Delete
Name: PROGRIS, NITA
Address: 711 CALATRAVA
City-St-Zip: CORAL GABLES, FL 33143**Title:** SD () Delete
Name: BRUCE, THOR W PHD
Address: 3252 RIVIERA DR
City-St-Zip: CORAL GABLES, FL 33134**Title:** VPD () Delete
Name: NEUMANN, ADELE
Address: 1717 N BAYSHORE DRIVE APT 2231
City-St-Zip: MIAMI, FL 33132**Title:** VPD () Delete
Name: HERRON, JANET
Address: 7512 SW 102 STREET
City-St-Zip: MIAMI, FL 33156**Title:** PD () Delete
Name: WILLIAMSON, JULIE A.S.
Address: 1235 NE 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138**Title:** TD () Delete
Name: ALEXANDER, CAROL
Address: 11355 SW 112 CIR LN S
City-St-Zip: MIAMI, FL 33176 64**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: BAINBRIDGE, GAYLE
Address: 8401 SW 65 STREET
City-St-Zip: MIAMI, FL 331433100**Title:** PD (X) Change () Addition
Name: BRUCE, THOR W PHD
Address: 3252 RIVIERA DR
City-St-Zip: CORAL GABLES, FL 33134**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: WILLIAMSON, JULIE A.S.
Address: 1235 NE 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138**Title:** TD (X) Change () Addition
Name: ALEXANDER, CAROL
Address: 11355 SW 112 CIR LN NORTH
City-St-Zip: MIAMI, FL 33176

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: CAROL ALEXANDER

TD

05/10/2005

Electronic Signature of Signing Officer or Director_____
Date