

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39993

FILED
Jan 28, 2007
Secretary of State

Entity Name: HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.

Current Principal Place of Business:

PO BOX 85084
HALLANDALE BEACH, FL 33008 US

New Principal Place of Business:

600 PARKVIEW DR
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

P O BOX 85084
HALLANDALE BEACH, FL 33008 US

New Mailing Address:

FEI Number: 65-0274175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN ESQ., ROBERT
1150 EAST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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: T () Delete

Name: FELDMAN, SHARI

Address: 600 3 ISLANDS BLVD #1404

City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: WINFIELD, GEORGIA

Address: 500 S FEDERAL HWY

City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: P () Delete

Name: FULLER, ANN

Address: 8432 PINE CAY

City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: LOVENVIRTH, ARMIN

Address: 600 PARKVIEW DR

City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Change () Addition

Name:

Address:

City-St-Zip:

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: SHARI FELDMAN

T

01/28/2007

Electronic Signature of Signing Officer or Director

Date