


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90052 009 \*\*\*\*61.25

<b>DOCUMENT # N92000000666</b>	
1. Entity Name <b>SARASOTA MUSIC ARCHIVE, INC.</b>	

Principal Place of Business <b>1331 FIRST STREET SARASOTA, FL 34236 US</b>	Mailing Address <b>1331 FIRST STREET SARASOTA, FL 34236 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0295646</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ROSI, ALFRED J  
1331 FIRST STREET  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIFFMAN, JAMES 3820 AMAPOLA AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSI, ALFRED J 4412 OAK VIEW DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTLAKE, JOAN R 4085 OAKHURST DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITER, MARTHA 4346 BRYANTS POND LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, PAUL 3709 POND VIEW LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, PAUL 1540 GLEN OAKS DR. #232B SARASOTA, FL

**DO NOT WRITE  
IN THIS SPACE**

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 accurate 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James Schiffman* **James Schiffman** *1/24/05 (941) 861 1166*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #