

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000666**

1. Entity Name  
**SARASOTA MUSIC ARCHIVE, INC.**



Principal Place of Business  
**1331 FIRST STREET  
SARASOTA, FL 34236 US**

Mailing Address  
**1331 FIRST STREET  
SARASOTA, FL 34236 US**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0295646**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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**

000000581518  
01/10/07-80091-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1/5/2007 (941)-861-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0325

Daytime Phone #