2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005663

Entity Name: MUSIC MISSION KIEV, INC.

FILED Feb 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 238 WILSHIRE BLVD, SUITE 110 CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 238 WILSHIRE BLVD, SUITE 110 CASSELBERRY, FL 32707 FEI Number: 59-3278168 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: BUTLER, SHARON L 238 WILSHIRE BLVD, SUITE 110 CASSELBERRY, FL 32707 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CVD () Delete () Change () Addition PALMA, PAUL Name: Name: 928 VERSAILLES CIRCLE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: MCMURRIN, ROGER G Name: Address: 30/10 BOGDANA KHMELNITSKOHO Address: City-St-Zip: APR. 12 KIEV 02030 UKRAINE, City-St-Zip: Title: () Delete Title: () Change () Addition MCMURRIN, DIANE Name: Name: 30/10 BOGDANA KHMELNITSKOHO Address: Address: City-St-Zip: APT. 12 KIEV 02030 UKRAINE. City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: HARRISON, HELEN Name: 3508 RUGBY ROAD Address: Address: City-St-Zip: DURHAM, NC 27513 City-St-Zip: Title: () Delete Title: () Change () Addition SIKES, MAYNARD Name: Name: 415 SE 123RD ST RD Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition BOOHER, DARRELL Name: Name: Address: 1403 N. VERNON STREET Address:

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.

City-St-Zip:

SIGNATURE: ROGER G MCMURRIN P 02/03/2004

ARLINGTON, VA 22201

City-St-Zip:

CHERRY PALMA, DIRECTOR 928 VERSAILLES CIRLCE MAITLAND, FL 32751

RUTH ANN MCCHESNEY 311 SCENIC RIDGE CT MARS. PA 16046

CHARLES MCCHESNEY 311 SCENIC RIDGE CT MARS, PA 16046

RICHARD MACDONALD, DIRECTOR 3020 NE 41ST STREET FT. LAUDERDALE, FL 33308

CAROLE GRAY, DIRECTOR 4414 ROBERTS LAKE RD LAONA, WI 54541

ROBERT GRAY, DIRECTOR 4414 ROBERTS LAKE RD LAONA, WI 54541

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DAVID BURGHER, DIRECTOR 4225 SHENANDOAH AVE DALLAS, TX 75205

BETSY BROCK, DIRECTOR 104 HOLLYWOOD DR COPPEL, TX 75019-6337

ANDY BROCK, DIRECTOR 104 HOLLYWOOD DR COPPELL, TX 75019-6337

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