
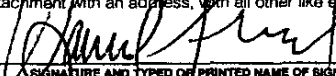


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90210 020 ****61.25

DOCUMENT # N9400006339					
1. Entity Name YOUNG ARTIST'S CHAMBER ORCHESTRA, INC.					
Principal Place of Business 8447 WATERFORD CIRCLE TAMARALI, FL 33321 US			Mailing Address 8447 WATERFORD CIRCLE TAMARALI, FL 33321 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HELLER, RICHARD D C/O TRIPP, SCOTT, CONKLIN & SMITH 110 S.E. 6TH ST., 20TH FL, 110 TOWER FT LAUDERDALE, FL 33302				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, DAVID	NAME			
STREET ADDRESS	8447 WATERFORD CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, JOSEPH	NAME			
STREET ADDRESS	2201 NE 66TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, CINDY	NAME			
STREET ADDRESS	8447 WATERFORD CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZVI, ROTH	NAME			
STREET ADDRESS	777 GLADES RD.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULTZ, ROBERT	NAME			
STREET ADDRESS	8200 SW 102 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAUSER, JEANNIE (WRONG SPELLING)	NAME	JEANNIE HALBERG		
STREET ADDRESS	10142 NW 17TH STREET	STREET ADDRESS	10142 N.W. 17th STREET		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
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: 		DAVID FRIEDMAN		4/26/04 954-718-0002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

11003132



04232004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0547722 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME FRIEDMAN, DAVID
 STREET ADDRESS 8447 WATERFORD CIRCLE
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MARINO, JOSEPH
 STREET ADDRESS 2201 NE 66TH STREET
 CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME FRIEDMAN, CINDY
 STREET ADDRESS 8447 WATERFORD CIRCLE
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ZVI, ROTH
 STREET ADDRESS 777 GLADES RD.
 CITY-ST-ZIP BOCA RATON, FL 33498

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SCHULTZ, ROBERT
 STREET ADDRESS 8200 SW 102 STREET
 CITY-ST-ZIP MIAMI, FL 33156

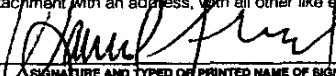
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HAUSER, JEANNIE (WRONG SPELLING)
 STREET ADDRESS 10142 NW 17TH STREET
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE Change Addition
 NAME JEANNIE HALBERG
 STREET ADDRESS 10142 N.W. 17th STREET
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

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:



DAVID FRIEDMAN

4/26/04

954-718-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #