## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000808

FILED FILED Feb 19, 2008
Secretary of State

Entity Name: I MUSICI DI NAPOLI, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 FLEUR DE LIR LANE 100 FLEUR DE LIS LANE NAPLES, FL 34112 US NAPLES, FL 34112 **Current Mailing Address: New Mailing Address:** P.O. BOX 9542 NAPLES, FL 341019542 US FEI Number: 65-0664089 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: REFF, MARCIA 100 FLEUR DE LIS LANE NAPLES, FL 34112 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: MD () Change () Addition () Delete REFF. MARCIA Name: Name: Address: 100 FLEUR DE LIS LANE Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition MAYWOOD, JOAN Name: Name: Address: 4160 LOOKING GLASS LN #1 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition HOFFMAN, ANNE D Name: Name: 668 WIGGINS LAKE DR #202 Address: Address: City-St-Zip: NAPLES, FL 34110 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: MARCIA REFF PRES 02/19/2008