2003 NOT-FOR-PROFIT CORPORATION

Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N9500003425 03-31-2003 90309 046 ****61.25 BROWARD MUSICIANS ASSOCIATIONS, INC. Mailing Address Principal Place of Business 1300 N OCEAN BLVD 1300 N OCEAN BLVD #202 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Bu Mailing Address 3780 3780 /l Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For FEI Number 65-0598154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Guerreschi. Gloria Street Address (P.O. Box Number is Not Acceptable) 13780 NW 4 PLACE NO MIAMI FL 33168 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TD Isria Guerreach ☐ Addition ☐ Delete TITLE TITLE GUERRESCHI, GLORIA 13780 N.W. 4# Place North Muami, FL 33168-4052 NAME NAME 13780 NW-4TH PL. STREET ADDRESS STREET ADDRESS N. MIAMI FL 33168 –4052 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE FIKE-HOLLAND, L.LEE KAY, GINNY 100 SW 12th NAME NAME .1300 N OCEAN BLVD #202 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLĒ" ☐ Delete TITLE ☐ Change Addition MEYERS, DONNA K NAME NAME 391 NW 35TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 ike empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

FILED