2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002155

FILED Jan 28, 2004 Secretary of State

Entity Name: NEW WORLD SYMPHONY SUPPORTING FOUNDATION, INC.

	rincipal Place	of Business:	New Principal I	Place of Business:	
	DLN ROAD ACH, FL 33139	US			
Current Mailing Address:			New Mailing Ac	New Mailing Address: 541 LINCOLN ROAD MIAMI BEACH, FL 33139 US	
541 LINCOLN ROAD MIAMI, FL 33139 US					
FEI Number:	: 65-0666813	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
541 LINCC MIAMI BEA The above	, HOWARD DLN ROAD ACH, FL 33139 named entity se of Florida.		purpose of changing its reg	istered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIRECT	rors:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:		Delete , E	ADDITIONS/CH Title: Name: Address: City-St-Zip:	ANGES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () ARISON, MICKY 3655 NW 87 AV MIAMI, FL 3317	Delete , 8 Delete S, MICHAEL OAD	Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () ARISON, MICKY 3655 NW 87 AV MIAMI, FL 3317 D () TILSON THOMA 541 LINCOLN R MIAMI BEACH, I	Delete E 8 Belete S, MICHAEL OAD -L 33139 Delete DREW H AVENUE, SUITE 3000	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () ARISON, MICKY 3655 NW 87 AV MIAMI, FL 3317 D () TILSON THOMA 541 LINCOLN R MIAMI BEACH, I DSV () WEINSTEIN, AN 701 BRICKELL MIAMI, FL 3313 DT () SCHNEIDER, SI 200 S BISCAYN	Delete E 8 Delete S, MICHAEL OAD FL 33139 Delete IDREW H AVENUE, SUITE 3000 11 Delete HELDON D E BLVD #1900	Title: Name: Address: City-St-Zip: Title: DT Name: SCHI Address: 4082	() Change () Addition () Change () Addition	

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.

SIGNATURE: ANDREW WEINSTEIN DSV 01/28/2004