

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 048 ****70.00

DOCUMENT # N9700000779

1. Entity Name
 ROOT CULTURAL FESTIVAL II, INC.



Principal Place of Business
 400 WEST ATLANTIC AVE
 STE 2A
 DELRAY BEACH, FL 33444

Mailing Address
 P.O BOX 26554
 STE 2A
 DELRAY BEACH, FL 33444



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 2654
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State
 Delray Beach, FL

City & State
 Delray Beach, FL

Zip
 33447

Country
 U.S.A.

4. FEI Number
 59-2053039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, TOMMY
 2920 DOLPHIN DRIVE
 DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name William Young
 Street Address (P.O. Box Number is Not Acceptable)
 15112 Tall Oak Avenue
 City Delray Beach FL Zip Code 33446

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 *William Young* DATE 4-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDLPH, MARY 109 N.W. 11TH AVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL-PARKER, JOUNICE 509 S.W. 15TH TERR DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEVENS, TOMMY 2920 DOLPHIN DRIVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, WILLIAM 15112 TALL OAK AVENUE DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Elizabeth J. Wesley 309 Lincoln Lane Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President Plummer, Shirley 329 Lincoln Lane Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Young* William Young DATE 4-28-04 (561) Daytime Phone # 495-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR