

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002061

FILED
Apr 21, 2004
Secretary of State**Entity Name:** WCY MUSIC BOOSTERS, INC.**Current Principal Place of Business:**901 NW 129 AVE, #711
PEMBROKE PINES, FL 33028**New Principal Place of Business:****Current Mailing Address:**901 NW 129 AVE, #711
PEMBROKE PINES, FL 33028**New Mailing Address:****FEI Number:** 65-1137872**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAMELA, HARRY J
1520 NW 122 AVE
PEMBROKE PINES, FL 33026 US**Name and Address of New Registered Agent:**DEBRA, CRUM E
11910 N.W. 22ND STREET
PEMBROKE PINES, FL 33026 US

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: DEBRA E. CRUM

04/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WESTERFIELD, SUSAN
Address: 12969 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVP () Delete
Name: GRIMSLAND, DEBBIE
Address: 11931 NW 22ND ST
City-St-Zip: HOLLYWOOD, FL 33026

Title: DT () Delete
Name: ENGEL, LISA
Address: 1112 HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DP () Delete
Name: HARRY, PAMELA
Address: 1520 NW 122 AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DVP (X) Delete
Name: MULCAHY, MARY
Address: 10931 NW 18TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BEIM, NANCY
Address: 11307 N.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DVP (X) Change () Addition
Name: THOMPSON, WENDY
Address: 16334 N.W. 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DT (X) Change () Addition
Name: ROLFS, BONNIE
Address: 11810 SHERIDAN STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DP (X) Change () Addition
Name: CRUM, DEBRA E
Address: 11910 N.W. 22 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBRA E. CRUM

DP

04/21/2004

Electronic Signature of Signing Officer or Director

Date