2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000002061

Entity Name: WCY MUSIC BOOSTERS, INC.

FILED Sep 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

901 NW 129 AVE, #711 PEMBROKE PINÉS, FL 33028

Current Mailing Address: New Mailing Address:

901 NW 129 AVE, #711 PEMBROKE PINÉS, FL 33028

FEI Number: 65-1137872 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:

MORALES, HOLLY A CONFER, HEATHER R 1140 NW 144TH AVE 15650 SW 16 CT

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33028 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: HEATHER R CONFER 09/22/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SHEERER, RAMONA VYAS, YVONNE Name: Name: 15639 SW 16 ST Address: 13845 NW 20TH ST. Address:

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVP () Delete Title: (X) Change () Addition CONFER, HEATHER Name: CONFER, HEATHER R Name:

Address: 1140 NW 144 AVENUE Address: 1140 NW 144TH AVE City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028

Title: DP () Delete Title: (X) Change () Addition

MORALES, HOLLY A CONFER, HEATHER R Name: Name: 15650 SW 16 CT Address: Address: 1140 NW 144TH AVE City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete Title: DS () Change (X) Addition

Name: Name: STEVENS, MARIA Address: Address: 1477 NW 153RD AVE City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33028

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: HEATHER R CONFER DP 09/22/2008