2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# N98000002061

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONFER, HEATHER R
1140 NW 144TH AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: VYAS, YVONNE
Address: 13845 NW 20TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVP ( ) Delete
Name: CONFER, HEATHER R
Address: 1140 NW 144TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DP ( ) Delete
Name: CONFER, HEATHER R
Address: 1140 NW 144TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS ( ) Delete
Name: STEVENS, MARIA
Address: 1477 NW 153RD AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CONFER, HEATHER
Address: 1140 NW 144TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVP (X) Change ( ) Addition
Name: CANNING, LORI
Address: 391 NW 101 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT (X) Change ( ) Addition
Name: SHARP-INGRAM, KIMBERLY M
Address: 1908 NW 137TH TERR.
City-St-Zip: PEMBROKE PINES, FL 33028

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

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 12/07/2009

Electronic Signature of Signing Officer or Director — Date