
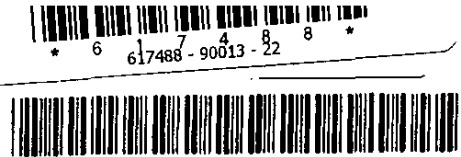


FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 033 ****61.25

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|--|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N98000006562 | | | | | |
| 1. Corporation Name AMERICAN CONSERVATORY OF MUSIC INC. | | | | | |
| Principal Place of Business C/O JANE C. HAYES & ASSOCIATES, P.A. 424 1040 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 | | | Mailing Address C/O JANE C. HAYES & ASSOCIATES, P.A. 424 1040 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 | | |



| | | | | | |
|-----------------------------------|--|-----------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. 424 | | 28 Suite, Apt. #, etc. 424 | | 11/16/1998 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0877405 | |
| 23 Zip | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JANE C. HAYES AND ASSOCIATES, P.A. CERTIFI C/O JANE C. HAYES & ASSOCIATES, P.A. 424 1040 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert Mahaffey* DATE 8/18/99

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | President & Director | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Paul Coughlin | | | 1.2 NAME | | | |
| STREET ADDRESS | 444 E. 82nd St., #18E | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | New York, NY 10028 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | Acad. Vice Pres. & Dean & Director | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Paul Jordon | | | 2.2 NAME | | | |
| STREET ADDRESS | 16 Hughes Place | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | New Haven, CT 06511 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | Secretary & Director | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Robert Mahaffey | | | 3.2 NAME | | | |
| STREET ADDRESS | 501 Lake Dr. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | Delray Beach, FL 33444 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Mahaffey* DATE: 8/23/99 (561) 265-0631

CR2E037 (5/99)