

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 21, 2008
Secretary of State

DOCUMENT# N99000000107

Entity Name: CENTER FOR MUSIC AND ARTS TRADITIONS, INC.**Current Principal Place of Business:**6184 SW 192ND AVENUE
PEMBROKE PINES, FL 333323381 US**New Principal Place of Business:**20 TANGLEWOOD DRIVE
GREENVILLE, SC 29611 US**Current Mailing Address:**6184 SW 192ND AVENUE
PEMBROKE PINES, FL 333323381 US**New Mailing Address:**20 TANGLEWOOD DRIVE
GREENVILLE, SC 29611 US**FEI Number:** 65-0981924**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, OTHEL
5787 W SUNRISE BLVD
PLANTATION, FL 33313 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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** SD () Delete
Name: TURNER, PATRICIA
Address: 5787 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313**Title:** PD () Delete
Name: WATKINS, MARIEA
Address: 6184 SW 192ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332**Title:** D () Delete
Name: MOOTRY, STEVE
Address: 4973 NW 115 TERR
City-St-Zip: CORAL SPRINGS, FL 33076**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: KOPP, JAMES T
Address: 300 SHEFWOOD DRIVE
City-St-Zip: EASLEY, SC 29642**Title:** D () Change (X) Addition
Name: KOPP, KENNETH B
Address: 20 TANGLEWOOD DRIVE
City-St-Zip: GREENVILLE, SC 29611**Title:** D () Change (X) Addition
Name: KOPP, NANCY
Address: 300 SHEFWOOD DRIVE
City-St-Zip: EASLEY, SC 29642

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: KENNETH B. KOPP

D

10/21/2008

Electronic Signature of Signing Officer or Director_____
Date