2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006266

1. Entity Name
THE AUDIO PLAYGROUND SYNTHESIZER MUSEUM, INC.

Principal Place of Business	Mailing Address
699 CLAY ST WINTER PARK, FL 32789	699 CLAY ST WINTER PARK, FL 32789

04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3552118

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERS, JOSEPH
699 CLAY ST
WINTER PARK, FL 32789

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERS, JOSEPH
STREET ADDRESS	699 CLAY STREET
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SD
NAME	KEVIN, KELLY
STREET ADDRESS	9870 86TH WAY
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	D
NAME	RIVERS, YOLANDA
STREET ADDRESS	9085 NW 52ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	MORAZ, PATRICK
STREET ADDRESS	5286 N. ORANGE BLOSSOM TRAIL, #205
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D
NAME	GREATHOUSE, JUSTIN
STREET ADDRESS	108 E LAUREN CT
CITY-ST-ZIP	CASSELBERRY, FL 32730
TITLE	D
NAME	RIVERS, MICHELE
STREET ADDRESS	699 CLAY STREET
CITY-ST-ZIP	WINTER PARK, FL 32789

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04/29/04-80026-016 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Rivers Joseph Rivers 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE