2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N99000006266

Entity Name: THE AUDIO PLAYGROUND SYNTHESIZER MUSEUM, INC.

Current Principal Place of Business:

699 CLAY ST
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

699 CLAY ST
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3552118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, JOSEPH
699 CLAY ST
WINTER PARK, FL 32789 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:	PD	( ) Delete
Name:	RIVERS, JOSEPH	
Address:	699 CLAY STREET	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	SD	( ) Delete
Name:	KEVIN, KELLY	
Address:	1166 8TH STREET	
City-St-Zip:	ST. PETERSBERG, FL 33701 US	
Title:	D	( ) Delete
Name:	RIVERS, YOLANDA	
Address:	9085 NW 52ND TERRACE	
City-St-Zip:	MIAMI, FL 33178 US	
Title:	D	( ) Delete
Name:	MORAZ, PATRICK	
Address:	5214 N. ORANGE BLOSSOM TRAIL, #204	
City-St-Zip:	ORLANDO, FL 32810 US	
Title:	D	( ) Delete
Name:	GREATHOUSE, JUSTIN	
Address:	108 E LAUREN CT	
City-St-Zip:	CASSELBERRY, FL 32730 US	
Title:	D	( ) Delete
Name:	RIVERS, MICHELE	
Address:	699 CLAY STREET	
City-St-Zip:	WINTER PARK, FL 32789 US	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH RIVERS D 04/12/2005

Electronic Signature of Signing Officer or Director — Date