


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007643				
1. Entity Name THE KOURTNEY NICOLE SCHMIDT FOUNDATION, INC.				
Principal Place of Business % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE, FL 33334		Mailing Address % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE, FL 33334		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SALIM, WILLIAM G ESQ. 800 CORPORATE DRIVE SUITE 510 FORT LAUDERDALE, FL 33334				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSKOWITZ, MICHAEL W	NAME		
STREET ADDRESS	800 CORPORATE DRIVE, SUITE 510	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STERLING, NEIL	NAME		
STREET ADDRESS	2132 BAYVIEW DRIVE	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRISH, LORI	NAME		
STREET ADDRESS	2701 SW 141 TERRACE	STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, BRANDI	NAME		
STREET ADDRESS	3860 COASTAL HIGHWAY	STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32084	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, KASEY	NAME		
STREET ADDRESS	3860 COASTAL HIGHWAY	STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32084	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROZOS, MIKE	NAME		
STREET ADDRESS	1160 NW 101 AVENUE	STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.				
SIGNATURE: <u>Michael W Moskowitz</u> Michael W Moskowitz Director 4/21/04 954-491-2000				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				



04162004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0966286** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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04/27/04-80084-013 61.25