


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000046651</b> 1. Entity Name <b>NATIONAL MUSEUM OF MECHANICAL MUSIC ARTS, INC.</b>	
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Principal Place of Business <b>14309 N DALE MABRY HWY TAMPA, FL 33618</b>	Mailing Address <b>14309 N DALE MABRY HWY TAMPA, FL 33618</b>
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3658027</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KLINE, KEVIN F 2665 S BAYSHORE DR, SUITE 903 MIAMI, FL 33133</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YAFFE, MARK S 14309 N DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YAFFE, CHRISTEL 14309 N DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLINE, KEVIN F 2665 SOUTH BAYSHORE DR, SUITE 903 MIAMI, FL 33133
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04/15/04-EU028-008 150.00

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 supplementary 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 607, 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:**  **MARK YAFFE** **4/7/04** **(813)969-4111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #