

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 013 ***150.00

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1. Entity Name
**NATIONAL MUSEUM OF MECHANICAL MUSIC ARTS,
INC.**



Principal Place of Business
**14309 N DALE MABRY HWY
TAMPA, FL 33618**

Mailing Address
**14309 N DALE MABRY HWY
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3658027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLINE, KEVIN F
2665 S BAYSHORE DR, SUITE 903
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YAFFE, MARK S
STREET ADDRESS	14309 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	YAFFE, CHRISTEL
STREET ADDRESS	14309 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	KLINE, KEVIN F
STREET ADDRESS	2665 SOUTH BAYSHORE DR, SUITE 903
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 (813) 969-4111
Date Daytime Phone #