


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012339 1. Entity Name BROADWAY BARITONES, INC.	
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Principal Place of Business 1400 NW 9 AVE #22C BOCA RATON, FL 33486	Mailing Address 1400 NW 9 AVE #22C BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3040869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBSTER, DOUGLAS
1400 NW 9 AVE #22C
BOCA RATON, FL 33486**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000298101 04/11/05-80051-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME WEBSTER, DOUGLAS M MR
STREET ADDRESS 1400 NW 9TH AVE #22C	CITY, ST, ZIP BOCA RATON, FL 33486
TITLE VP	NAME BYRD, ELIZABETH A MS
STREET ADDRESS 1400 NW 9TH AVE #22	CITY, ST, ZIP BOCA RATON, FL 33486
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
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 recorder 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:  **Elizabeth Byrd VP** 4/5/05 (912) 5392905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copied to File #