2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P02000097067** 04-01-2004 90036 030 ***150.00 FLORIDA SCHOOL OF MUSIC, INC. Principal Place of Business Mailing Address 4143 N.W. 90TH AVE: #105 4143 N.W. 90TH AVE. #105 -CORAL SPRINGS, FL- 33065 CORAL SPRINGS, FL 33065-2. Principal Place of Business EVIEW DRIVE 03232004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 59-0422951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINER, PAUL S Box Number is Not Acceptable) 4143 N.W. 90TH AVE. #105 CORAL SPRINGS, FL 33065 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Defete TITLE Change Change NAME WEINER, PAUL S NAME 177 LAKEVIEW OPIVE #203 WESTON, FLORIDA 33320 STREET ADDRESS 4143 N:W: 90TH AVE. #105 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS; FL-33065 CITY-ST-ZIP TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED