

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 710274

FILED
Apr 07, 2003
Secretary of State

Entity Name: BREVARD SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE, FL 329361965

New Principal Place of Business:

Current Mailing Address:

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE, FL 329361965

New Mailing Address:

FEI Number: 59-1149727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAHAM, JAMES
320 FORTENBERRY RD
MERRITT ISLAND, FL 32952

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LAHAM, JAMES
Address: 320 FORTENBERRY RD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: ALLENDER, JERRY
Address: 545 ORA DELL AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: MOLITOR, JUDY
Address: 1171 INDIAN RIVER DR
City-St-Zip: COCOA, FL

Title: D () Delete
Name: DUGAN, SHERRIE
Address: 3250 CONCOURS ST
City-St-Zip: MELBOURNE, FL 32934

Title: TD () Delete
Name: HEDDENS, JAMES
Address: 4547 HELENA DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JAMES HEDDENS

TD

04/07/2003

Electronic Signature of Signing Officer or Director

_____ Date