

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213566126

1.) CORPORATION NAME:

The Academy of Music

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DAVID A SNOUFFER

Willcox & Savage PC

440 Monticello Ave. Ste 2200

SCC ID NO: **04487542**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
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Norfolk, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1709 COLLEY AVE
STE 302

CITY/ST/ZIP: NORFOLK, VA 23517

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|-------------------|---|--|
| NAME: | Shelby Davis | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 21 Channel Lane | | |
| CITY/ST/ZIP/CO: | Hampton, VA 23664 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | Hal Barge | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 4214 Columbus Avenue | | |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23504 | | |

| | | | |
|-----------------|---|---|--|
| NAME: | Jeff Stephenson | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | KPMG LLP | | |
| CITY/ST/ZIP/CO: | 440 Monticello Ave. Suite 1900 Norfolk, VA 23510 | | |

| | | | |
|-----------------|-------------------|---|--|
| NAME: | Jill Keifer | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 1923 Paddock Road | | |
| CITY/ST/ZIP/CO: | Norfolk, VA 23518 | | |

| | | | |
|-----------------|--------------------------|----------------------------------|--|
| NAME: | John Dixon | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4829 Berrywood Road | | |
| CITY/ST/ZIP/CO: | Virginia Beach, VA 23464 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ John Dixon

John Dixon, DIRECTOR

3/27/2014

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.