

FILE NOW: FILING FEE IS \$61.25

FILED

May 26 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 724317 (3)

1. Corporation Name
FRIENDS OF THEATRE, INC. THE



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|---|---|
| Principal Place of Business MEMORIAL DRIVE, UNIVERSITY OF MIAMI P.O. BOX 248273 CORAL GABLES FL 33124 | Mailing Address MEMORIAL DRIVE, UNIVERSITY OF MIAMI P.O. BOX 248273 CORAL GABLES FL 33124 |
|---|---|

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|---|--|
| 3. Date Incorporated or Qualified 09/12/1972 | |
| 4. FEI Number 23-7197647 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**ANKROM, ROBERT
1905 N. PARK RD.
SUITE #162
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name LANTAFF, KENT | |
| 82 Street Address (P.O. Box Number is Not Acceptable) THEATRE ARTS DEPT. 1231 DICKINSON DR. | |
| 83 City CORAL GABLES | |
| 84 State FL | 85 Zip Code 33124 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kent Lantaff* **Kent Lantaff** DATE **5/19/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEONE, JACUQUELINE | |
| STREET ADDRESS | 5000 SW 124TH TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | NEWPORT, CAROL | |
| STREET ADDRESS | 10775 N. BAYSHORE TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | WALDIN, JR. E | |
| STREET ADDRESS | 8501 SW 84TH ST | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | MUMM, ROGER | |
| STREET ADDRESS | 2825 GRANADA BLVD. #2-A | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD SARAFOLU, MARGARET |
| 3.3 STREET ADDRESS | 6201 S.W. 11A ST. |
| 3.4 CITY-ST-ZIP | MIAMI, FL 33156 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SD SILVERBLATT, ALICE |
| 4.3 STREET ADDRESS | 20600 N.E. 7 COURT |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33179 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MARGARET V SARAFOLU* **MARGARET V SARAFOLU** **5/19/98 20114-250**

CR2E037 (10/97)