

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90024 040 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724317

1. Corporation Name
FRIENDS OF THEATRE, INC. THE

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



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/12/1972 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 23-7197647 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LANTAFF, KENT THEATRE ARTS DEPT 1231 DICKINSON DR CORAL GABLES FL 33124 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 DATE: 4/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|------------------------|--|---|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEONE, JACQUELINE | | 1.2 NAME | HALL, NORMA | |
| STREET ADDRESS | 5990 SW 124TH TERR | | 1.3 STREET ADDRESS | 549 Mokena Drive | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | Miami Springs, FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEWPORT, CAROL | | 2.2 NAME | AVILA, LEON | |
| STREET ADDRESS | 10775 N. BAYSHORE TERR | | 2.3 STREET ADDRESS | 8919 SW 150 N. CT. Circle | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | Miami, FL 33196 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TD | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARAFOGLU, MARGARET | | 3.2 NAME | | |
| STREET ADDRESS | 6201 SW 118TH ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 00000 33156 | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERBLATT, ALICE | | 4.2 NAME | | |
| STREET ADDRESS | 20605 NE 7TH COURT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33179 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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, with all other like empowered.

SIGNATURE: Margaret M. Sarafoglu DATE: 4/13/99 DAYTIME PHONE: 305-661-7548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)