


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 724317 1. Entity 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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04192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 23-7197647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANTAFF, KENT
 THEATRE ARTS DEPT
 1231 DICKINSON DR
 CORAL GABLES, FL 33124

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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 _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALLEY, SHELDON B 8365 SW 91ST STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, MARIAN 14300 SW 74TH AVENUE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARAFIOGLU, MARGARET 6201 SW 118TH STREET MIAMI, FL 33156
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 04/28/05-80074-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 fees empowered.

SIGNATURE: Sheldon Palley 4/19/05 305 642 0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sheldon Palley