


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 724317
 1. Entity 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
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01312007 No Chg-NP CR2E037 (4/06)

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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. Name and Address of Current Registered Agent
**LANTAFF, KENT
 THEATRE ARTS DEPT
 1231 DICKINSON DR
 CORAL GABLES, FL 33124**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	D PALLEY, SHELDON B 8365 SW 91ST STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNEY, NAOMI 3618 SW 57 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROW, PATRICIA L 2600 SEGOVIA #702 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/07-80047-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:  **SHELDON B. PALLEY** Date **3/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attorney at Law
1497 N.W. 7 Street
Miami, Florida 33125