


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90018 020 \*\*\*\*61.25

<b>DOCUMENT # N03000006884</b>					
1. Entity Name <b>FUNDING ARTS BROWARD, INC.</b>					
Principal Place of Business <b>401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0151317</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HORVITZ, FRANCIE J 11 N.E. 2 ST. FT. LAUDERDALE, FL 33301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORVITZ, FRANCIE J	NAME	BODENWEBER, HOLLY		
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTMAN, ERICA	NAME	BIRBRAGHER-ROZENCWAIG, FRANCINE		
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETT, BONNIE	NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, JACQUELYN	NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLZ, CONNIE	NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURTON, VALERIE	NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP			
12. 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 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: <i>Valerie J. Burton</i>		Valerie J. BURTON		2/03/04 954 266-2678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	