
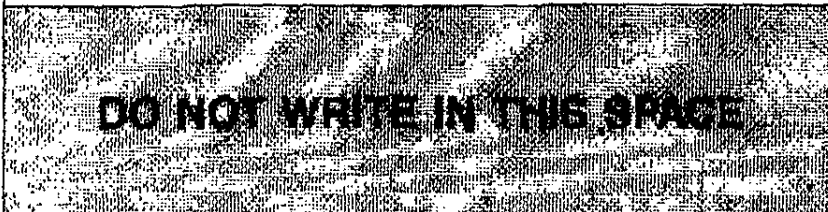


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006884	
1. Entity Name FUNDING ARTS BROWARD, INC.	

Principal Place of Business 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301	Mailing Address 401 EAST LAS OLAS BLVD., STE. 2200 FT LAUDERDALE, FL 33301
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03182005 No Chg-NP CR2E037 (10/03)

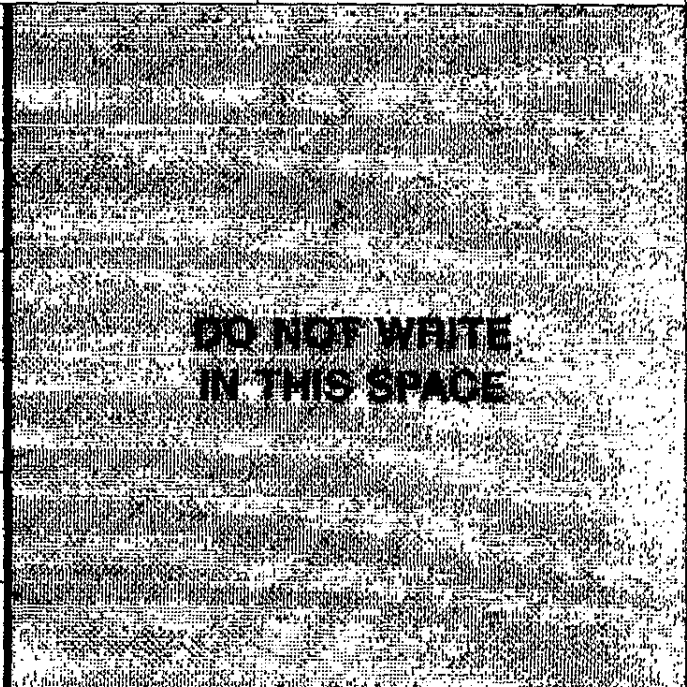
4. FEI Number 20-0151317	Applied For <input type="checkbox"/> Nor Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HORVITZ, FRANCIE J 11 N.E. 2 ST. FT LAUDERDALE, FL 33301	
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 releasing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000336923 04/27/05-80144-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVITZ, FRANCIE J 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, ERICA 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, BONNIE 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JACQUELYN 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLZ, CONNIE 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, VALERIE 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301



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 517, 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: *Connie Folz* *Treasurer* *April 25, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #