


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 044 ***150.00

DOCUMENT # N03000006884 1. Entity Name FUNDING ARTS BROWARD, INC.	
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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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03112008	Chg-NP	CR2E037 (12/06)
4. FEI Number 20-0151317		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 HORVITZ, FRANCIE J 11 N.E. 2 ST. FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHWARZ, JEAN 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARTMAN, ERICA 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARNETT, BONNIE 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LOCHRIE, SUSAN 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOLZ, CONNIE 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEVIN, CINDY 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schwartz, Jean 401 East Las Olas Blvd., Ste 2200 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hartman-Horvitz, Erica 401 East Las Olas Blvd., Ste 2200 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kashdin, Cindy 401 East Las Olas Blvd., Ste 2200 Fort Lauderdale, FL 33301

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 lists empowered.

SIGNATURE: *Connie Folz* **CONNIE FOLZ, PRESIDENT** 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-523-7771