


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2008 90031 044 \*\*\*150.00

<b>DOCUMENT # N03000006884</b> 1. Entity Name <b>FUNDING ARTS BROWARD, INC.</b>	
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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>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	03112008	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>20-0151317</b>		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



<b>6. Name and Address of Current Registered Agent</b>  <b>HORVITZ, FRANCIE J</b> <b>11 N.E. 2 ST.</b> <b>FT. LAUDERDALE, FL 33301</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SCHWARZ, JEAN
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	HARTMAN, ERICA
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	BARNETT, BONNIE
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LOCHRIE, SUSAN
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	FOLZ, CONNIE
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	LEVIN, CINDY
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

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

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**