2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004329

Apr 27, 2009 Secretary of State

Entity Name: THE RADIUS PROJECT MASTER ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1830 RADIUS DRIVE **MANAGEMENT** HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 1830 RADIUS DRIVE MANAGEMENT HOLLYWOOD, FL 33020 FEI Number: 20-8954282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. JENNINGS & VALANCY. 515 EAST PARK AVE 311 SE 13TH STREET TALLAHASSEE, FL 32301 FT.LAUDERDALE, FL 33316 US US 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. SIGNATURE: STEVEN VALANCY 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GARDNER, ANDREW Name: Name: 5555 GLENRIDGE CONNECTOR SUITE 700 Address: Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip: Title: () Delete Title: (X) Change () Addition MONARCHIK, ED Name: HUA, LAURIS Name: Address: 5555 GLENRIDGE CONNECTOR SUITE 700 Address: 1830 RADIUS DRIVE City-St-Zip: ATLANTA, GA 30342 City-St-Zip: FT.LAUDERDALE, FL 33020 Title: STD () Delete Title: STD (X) Change () Addition ZIMBRICK, ANGELA BERMAN, STEVEN Name: Name: 5555 GLENRIDGE CONNECTOR SUITE 700 3107 STIRLING ROAD SUITE 204 Address: Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip: FT.LAUDERDALE, FL 33312 Title: (X) Delete Title: () Change () Addition Name: BERMAN, STEVEN B Name: 3107 STIRLING ROAD SUITE 204 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GARDNER PD 04/27/2009