

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 09, 2007
Secretary of State**

DOCUMENT# N27212

Entity Name: ARTSERVE, INC.

Current Principal Place of Business:

1350 E SUNRISE BLVD.
SUITE 100
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1350 E SUNRISE BLVD.
SUITE 100
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0058919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOHLER, MAUREEN EX. DIR
1350 E SUNRISE BLVD
100
FORT LAUDERDALE, FL 33304 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAVIS, ERIKA
Address: 100 JIM MORAN BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED () Delete
Name: KOHLER, MAUREEN
Address: 1350 E SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP () Delete
Name: KOSLOW, ALAN
Address: 3111 STIRLING ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: DICKEY, DONNA
Address: 2010 NW 150 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: TZIKAS, LILI
Address: 10442 SW 16 MANOR
City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: GOODMAN, MICHAEL
Address: 5310 NW 33 AVE, SUITE 218
City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
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: MAUREEN KOHLER

ED

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date