


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36310 1. Entity Name METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION INC.	
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FILED
07 SEP 21 PM 2: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3800 W BROWARD BLVD. BANK OF AMERICA BLDG. FT. LAUDERDALE, FL 33312 US	Mailing Address 3800 W BROWARD BLVD. BANK OF AMERICA BLDG. FT. LAUDERDALE, FL 33312 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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08232007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0200546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARN, MICHAEL E 3800 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code

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.

300109961603
09/26/07--01039--014 **\$1.25
9.17.2007

SIGNATURE <u>Michael E. Carn</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by September 14, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD	TITLE	D
NAME	WEBSTER, CHARLES	NAME	Alyce Zahniser
STREET ADDRESS	3800 WEST BROWARD BOULEVARD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VCD	TITLE	D
NAME	WALDRON, DONNA	NAME	Kenneth L. Binger
STREET ADDRESS	3800 WEST BROWARD BOULEVARD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	TITLE	D
NAME	CORRY, LAURA	NAME	Vivian Porcell
STREET ADDRESS	3800 WEST BROWARD BOULEVARD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	TITLE	D
NAME	LIZZI, MARK	NAME	Hope Calhoun
STREET ADDRESS	3800 W. BROWARD BLVD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	PASQUET, FRITZ JR	NAME	Danny Santivasci
STREET ADDRESS	3800 W. BROWARD BLVD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	CAROL, MOLNAR	NAME	Gregory Daniel
STREET ADDRESS	3800 W. BROWARD BLVD	STREET ADDRESS	3800 West Broward Blvd
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Fort Lauderdale FL 33312
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 like empowered.

SIGNATURE: <u>Michael E. Carn</u>	Date	Daytime Phone #
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