

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 006 ****61.25

DOCUMENT # 1099000001171 ✓
1. Entity Name
JUGGERKNOT THEATRE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
104 Santander Ave.

3. Mailing Address
104 Santander Ave

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
Miami-Dade

Zip
33134

Country
Miami-Dade

4. FEI Number
65-0890680

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Tanya Bravo

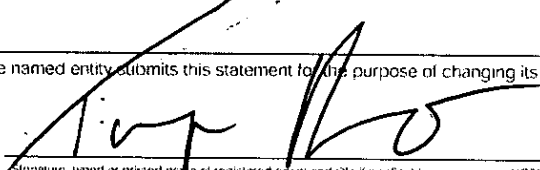
Street Address (Post Box Number is Not Acceptable)
104 Santander Ave.

City
Coral Gables

State
FL

Zip Code
33134

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.

SIGNATURE  **Tanya Bravo, Artistic Director** **4/18/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

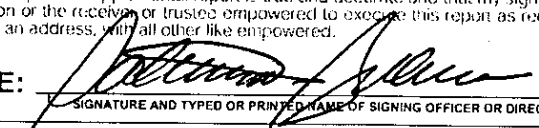
FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	C	TITLE	
NAME	BURBANK, PATRICK E	NAME	
STREET ADDRESS	10500 S.W. 74 AVE	STREET ADDRESS	
CITY-ST-ZIP	PINE CREST FL 33156	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FULLERTON, PETER D	NAME	
STREET ADDRESS	120 SANTANDER AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	FULLERTON, KELLY	NAME	
STREET ADDRESS	120 SANTANDER AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SMITH, ALLISON J	NAME	
STREET ADDRESS	416 SANTANDER AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	EASTON, ELIZABETH	NAME	
STREET ADDRESS	580 WEST 49 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GALVEZ, ALEJANDRO	NAME	
STREET ADDRESS	10771 SW 67 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Patrick Burbank** **4/18/02 (305) 666-4035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)