2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701164

Entity Name: MUSEUM OF SCIENCE, INC.

Current Principal Place of Business:

3280 S. MIAMI AVE. MIAMI. FL 33129

Current Mailing Address:

3280 S. MIAMI AVE. MIAMI, FL 33129

FEI Number: 59-0854960 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, VICTOR M 3280 S. MIAMI AVE. MIAMI, FL 33129 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:

Title

Electronic Signature of Registered Agent

Date

FILED Mar 25, 2014

Secretary of State

CC4406102119

Officer/Director Detail:

COO

Title DCH Title DCH

BELL, TRISH Name BELL, DANIEL Name

3280 S. MIAMI AVE. Address 3280 S. MIAMI AVE. Address

City-State-Zip: MIAMI FL 33129 MIAMI FL 33129 City-State-Zip:

Title CEO Title DVC

Name THOMAS, GILLIAN FALK, JOSEPH Name Address 3280 S. MIAMI AVE. Address 3280 S. MIAMI AVE. MIAMI FL 33129 City-State-Zip: MIAMI FL 33129 City-State-Zip:

Title **CFO**

Name ORTIZ, ROXANNE STESLOW, FRANK Name Address 3280 S. MIAMI AVE. 3280 S. MIAMI AVE. Address

City-State-Zip: MIAMI FL 33129 City-State-Zip: MIAMI FL 33129

Title Title DT

Name ALVAREZ, VICTOR LESS, MITCHELL Name 3280 S. MIAMI AVE. Address 3280 S. MIAMI AVE. Address City-State-Zip: MIAMI FL 33129 MIAMI FL 33129 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: ROXANNE ORTIZ

Electronic Signature of Signing Officer/Director Detail

CFO

03/25/2014