

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N09000008322

**Entity Name:** SLOW BURN THEATRE COMPANY, INC.

**Current Principal Place of Business:**

201 SW 5TH AVENUE  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

201 SW 5TH AVENUE  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 27-0802234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARTGLASS, LORI R.  
ARNSTEIN & LEHR LLP  
200 EAST LAS OLAS BOULEVARD SUITE 1000  
FT. LAUDERDALE, FL 33301-2299 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:** LORI R. HARTGLASS

07/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ARTISTIC DIRECTOR  
Name FITZWATER, PATRICK E  
Address 449 NW 48TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33309

Title EXECUTIVE DIRECTOR/VICE PRESIDENT  
Name KORINKO, MATTHEW W  
Address 449 NW 48TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT/DIRECTOR  
Name TRAVERSO, MARK  
Address 610 CARRIAGE HILL LANE  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name LEIBOWITZ, ROCHELLE  
Address 16550 SENTERRA DRIVE  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name STRAUSS, MARK S.  
Address 261 NE 16TH PLACE  
APT 305  
City-State-Zip: FORT LAUDERDALE FL 33305

Title DIRECTOR, SECRETARY  
Name RUBIN, LEE  
Address 1600 NE 64TH ST  
City-State-Zip: FORT LAUDERDALE FL 33334

Title DIRECTOR  
Name JOBIN, DAVID  
Address 2709 NE 2ND AVE  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR, TREASURER  
Name KALDES, PETER  
Address 4100 NE 15TH TER  
City-State-Zip: OAKLAND PARK FL 33334

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*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:** MARK TRAVERSO

PRESIDENT

07/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MORGAN, JIM  
Address        1503 NE 6TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           VALLE, BARBARA  
Address        11741 NW 9TH ST  
City-State-Zip: PLANTATION FL 33325