

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008322

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9752112823**

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

**Current Principal Place of Business:**

449 NW 48TH STREET  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

449 NW 48TH STREET  
FORT LAUDERDALE, FL 33309 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

04/27/2015

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 TREASURER  
Name SCHWARTZ, BETH K  
Address 2888 NW TIMBERCREEK CIRCLE  
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY/DIRECTOR  
Name SOLOMON, HOWARD  
Address 2859 NORTH PALM AIRE DRIVE  
City-State-Zip: POMPANO BEACH FL 33069

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

Title DIRECTOR  
Name ECKSTEIN, IDAN  
Address 1534 NE 5TH AVE  
City-State-Zip: FT. LAUDERDALE FL 33304

*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:** BETH K. SCHWARTZ

TREASURER

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date