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.

Officer/E	Director	Detail :
Title	CD	

Title	CD	Title	SD
Name	SOLOMON, DOUG	Name	ERICKSON, JUDY
Address	200 SW 1ST AVENUE, SUITE 1200	Address	3555 S. OCEAN DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	HOLLYWOOD FL 33019
Title	PCED	Title	TRES
Name	VON HAUSCH, GREGORY	Name	PATTULLO, TERI
Address	503 SE 6 STREET	Address	503 SE 6TH STREET

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.

# FT LAUDERDALE, FL 33301

**Current Principal Place of Business:** 

FT. LAUDERDALE, FL 33308 US

SIGNATURE: CARA E CAMERON

CAMERON, CARA E 2929 E COMMERCIAL BLVD

SUITE 410

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

**Current Mailing Address:** 1314 E LAS OLAS

FT. LAUDERDALE, FL 33301

503 SE 6 STREET

#007

### FEI Number: 59-2701676

Entity Name: THE BROWARD COUNTY FILM SOCIETY, INC.

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

PRESIDENT

01/27/2017

01/27/2017

Date