

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27488

**Entity Name:** ACTOR'S PLAYHOUSE PRODUCTIONS, INC.**Current Principal Place of Business:**280 MIRACLE MILE  
CORAL GABLES, FL 33134**Current Mailing Address:**280 MIRACLE MILE  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0060167**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GROSS, LESLIE JAY  
10592 SW 77TH TERRACE  
MIAMI, FL 33173 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	STEIN, LAWRENCE E
Address	12515 S.W. 105 AVENUE
City-State-Zip:	MIAMI FL 33157

Title	VTD
Name	KESSLER, LAWRENCE J
Address	9300 SW 142ND STREET
City-State-Zip:	MIAMI FL 33176

Title	SD
Name	GROSS, LESLIE
Address	10592 SW 77TH TERRACE
City-State-Zip:	MIAMI FL 33173

Title	EXEC
Name	STEIN, BARBARA S
Address	280 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	ARISCO, DAVID
Address	280 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

*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:** STEIN , LAWRENCE E

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03/14/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date