

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44566

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC9111065128**

**Entity Name:** PERFORMING ARTS CENTER TRUST, INC.

**Current Principal Place of Business:**

1300 BISCAYNE BOULEVARD  
MIAMI, FL 33132

**Current Mailing Address:**

1300 BISCAYNE BOULEVARD  
MIAMI, FL 33132 US

**FEI Number:** 65-0353695

**Certificate of Status Desired:** No

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

BERGER, TOM  
1300 BISCAYNE BOULEVARD  
MIAMI, FL 33132 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:** TOM BERGER

04/29/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IPC  
Name ARRIOLA, J. RICKY  
Address 1395 NW 58 COURT  
City-State-Zip: MIAMI LAKES FL 33014

Title C  
Name EIDSON, MIKE  
Address 255 ARAGON  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name SHEER, EMERY  
Address 2525 PONCE DE LEON BLVD, 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title AT  
Name FEIN, ALAN  
Address 150 W. FLAGLER ST, STE 2200  
City-State-Zip: MIAMI FL 33130

Title S  
Name HERRON, JAMES  
Address 1401 BRICKELL AVE., STE 825  
City-State-Zip: MIAMI FL 33130

Title AS  
Name THURER, PENNY  
Address 1019 CASTILE AVE.  
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:** EMERY SHEER

**TREASURER**

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date