

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000746

**Entity Name:** CITY THEATRE, INC.**Current Principal Place of Business:**444 BRICKELL AVE  
STE 229  
MIAMI, FL 33131**Current Mailing Address:**444 BRICKELL AVE  
STE 229  
MIAMI, FL 33131 US**FEI Number:** 65-0642183**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEIN, ALAN H  
150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI, FL 33130 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 OFFICER  
Name FEIN, ALAN  
Address 150 W. FLAGLER ST  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name DEE, SARALA  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title STAGE DIRECTOR  
Name GARRISAN, GAIL  
Address 525 NE 8TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ROTHSTEIN, DAVID  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name FENAUGHTY, MARK  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name ELISBURG, ANDY  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CULWELL, CHANDLER J  
Address 444 BRICKELL AVE.,  
SUITE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MAYS, JASON  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*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:** FEIN, ALAN**OFFICER****03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name WESTFALL, SUSAN J  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name SHATZ, DANIEL  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name SWING, MORGAN  
Address 444 BRICKELL AVE.,  
SUITE 229  
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR  
Name RAMIREZ, GALDYS  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name WOODSON, PATRICIA  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MORRELL, YVETTE J  
Address 444 BRICKELL AVE.,  
SUITE 229  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name WAN, KEAREY O  
Address 444 BRICKELL AVE.,  
SUITE 229  
City-State-Zip: MIAMI FL 33131

Title ARTISTIC DIRECTOR  
Name LEDFORD, MARGARET  
Address 444 BRICKELL AVE  
STE 229  
City-State-Zip: MIAMI FL 33131