

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

DOCUMENT# N99000005011

**Entity Name:** ARTSTAGE, INC.**Current Principal Place of Business:**304 TEQUESTA DRIVE  
TEQUESTA, FL 33469**Current Mailing Address:**304 TEQUESTA DRIVE  
TEQUESTA, FL 33469**FEI Number:** 65-0898583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, WOODIE HIII  
4521 PGA BLVD # 167  
PALM BEACH GARDENS, FL 33418 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 T  
Name WHITE, LINDA A  
Address 17212 126TH TERRACE NORTH  
City-State-Zip: JUPITER FL 33477

Title P  
Name DELP, TERRY  
Address 1210 DOLPHIN ROAD  
City-State-Zip: SINGER ISLAND FL 33404

Title D  
Name ISHAQ, HELEN  
Address 903 LAKE SHORE DRIVE  
#215  
City-State-Zip: LAKE PARK FL 33403

Title D  
Name BRODHEAD, INGRID  
Address 118 NORFOLK ROAD  
City-State-Zip: JUPITER FL 33469

Title D  
Name ANGEL, HELEN  
Address 17130 127TH DRIVE NORTH  
City-State-Zip: JUPITER FL 33477

Title D  
Name CLICK, DAVID  
Address 810 SATURN STREET, SUITE 15  
City-State-Zip: JUPITER FL 33477

Title D  
Name KATZ, ROB  
Address 116 SPRINGWATER DRIVE  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name HERNANDEZ, MARIA  
Address 800 W. APEX CIRCLE  
City-State-Zip: JUPITER FL 33458

**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: LINDA A. WHITE****TREASURE****04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PRAGER, MOLLIE  
Address 401 S. SEAS DRIVE  
#104  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name SCALISI, APRYL  
Address 1141 EGRET CIRCLE S  
City-State-Zip: JUPITER FL 33450

Title DIRECTOR  
Name RONNIE, RENEE  
Address 12330 SE OLD DIXIE HIGHWAY  
City-State-Zip: HOBE SOUND FL 33455