

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90193 001 ***450.00

DOCUMENT # 442158



1. Entity Name
THE ART INSTITUTE OF FORT LAUDERDALE, INC.

Principal Place of Business
**1799 SE 17TH ST
FORT LAUDERDALE FL 33316-0013
US**

Mailing Address
**C/O EMC 300 6TH AVENUE
8TH FLOOR
PITTSBURG PA 15222
US**

2. Principal Place of Business

3. Mailing Address
C/O EMC 210 Sixth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
33rd Floor

City & State

City & State
Pittsburgh PA

4. FEI Number **59-1500255**

Applied For
Not Applicable

Zip

Country

Zip **15222**

Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALABOKE, WILLIAM S 1799 SE 17TH STREET FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIBBLE, KRISTEN H 300 SIXTH AVENUE PITTSBURGH PA 15222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOVER, KATHLEEN 300 SIXTH AVE. 8TH FLOOR PITTSBURGH PA 15222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINBERG, FREDERICK W. 300 6TH AVENUE PITTSBURGH PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYPHER, ROBERT 300 6TH AVENUE PITTSBURGH PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MINAHAN, SUSAN 300 SIXTH AVE 8TH FLOOR PITTSBURGH PA 15222	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristen H. Gribble, Treas.* Date: 1/23/03 Daytime Phone #: 412-562-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)