2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 700192

FILED Sep 05, 2006 Secretary of State

Entity Name: THE FORT LAUDERDALE CHILDREN'S THEATRE, INC.

Current Principal Place of Business: New Principal Place of Business:

640 NORTH ANDREWS AVE 520 NORTH ANDREWS AVE FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

516 NE 13TH STREET FT LAUDERDALE, FL 33304

FEI Number: 59-0756789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MURPHY, WILL 2040 POLK STREET HOLLYWOOD, FL 33020 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MORGAN, WALTER HART, KEVIN Name: Name: 315 NE 3 AVE STE 200 Address: 1705 N 41ST AVENUE Address: HOLLYWOOD, FL 33021 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition

Name: TERRY, DONNA Name: MORAN, PATRICK Address: 590 GETTYSBURG TER Address: 2531 SEA ISLAND DRIVE City-St-Zip: PLANTATION, FL 33325 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete Title: () Change () Addition

HALE, MELANIE Name: Name: Address: 4000 SW 72 WAY Address: City-St-Zip: **DAVIE. FL 33314** City-St-Zip:

Title: **SMDP** () Delete Title: () Change () Addition

Name: ERLICK, JANET L Name: Address: 3580 SW 16TH STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip:

Title: () Delete Title: () Change () Addition

DAVIS, MARIANNE Name: Name: 4524 NE 22ND ROAD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

MORGAN, WALTER Name: Name:

Address: Address: 633 S. FEDERAL HIGHWAY, SUITE 400-A

FORT LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANET L. ERLICK **SMDP** 09/05/2006