

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701164

FILED
Apr 20, 2012
Secretary of State

Entity Name: MUSEUM OF SCIENCE, INC.

Current Principal Place of Business:

3280 S. MIAMI AVE.
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3280 S. MIAMI AVE.
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-0854960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, VICTOR M
200 SOUTH BISCAYNE BLVD
SUITE 4750
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCH
Name: BELL, TRISH
Address: 457 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: DCH
Name: BELL, DANIEL
Address: 457 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: DVC
Name: FALK, JOSEPH
Address: 1 SE 3RD AVENUE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: CEO
Name: THOMAS, GILLIAN
Address: 3280 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: COO
Name: STESLOW, FRANK
Address: 3280 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: CFO
Name: ORTIZ, ROXANNE
Address: 3280 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

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: ROXANNE ORTIZ

CFO

04/20/2012

Electronic Signature of Signing Officer or Director

Date