

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90015 002 ****61.25

DOCUMENT # 750200 1. Entity Name GABLESTAGE, INC.					
Principal Place of Business 1200 ANASTASIA AVE., STE. 230 CORAL GABLES, FL 33134 US			Mailing Address 1200 ANASTASIA AVE., STE. 230 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1972774	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADLER, JOSEPH 1200 ANASTASIA AVE., STE. 230 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>Joseph Adler, Producing Artistic Director 3/5/07</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARRETT, BARBARA F 5980 MIAMI LAKES DR. MIAMI LAKES, FL 33014 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ENRICH, DENISE K 4400 N.W. 87TH AVE., LODGE 8 MIAMI, FL 33178 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ENRICH, DENISE K 6262 SUNSET DR, PH MIAMI, FL 33143 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHULACK, GRETA 603 PUERTA AVE. CORAL GABLES, FL 33143 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLOW, MARLENE 3840 CRAWFORD AVE. COCONUT GROVE, FL 33133 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULSON, DAVID 1221 BRICKELL AVE MIAMI, FL 33131 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER BANDER, JO ANNE 500 ALAHAMBRA CIRCLE CORAL GABLES, FL 33134 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Denise Enrich</u> Denise Enrich - Board Chair 3/5/07 35-925-6805 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					