2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 770890

Entity Name: THE MIAMI CHILDREN'S MUSEUM, INC.

Current Principal Place of Business:

980 MACARTHUR CSWY
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

980 MACARTHUR CSWY
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 59-2396999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SLATON, MARISOL U
980 MACARTHUR CSWY
MIAMI, FL 33132 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: P ( ) Delete
Name: BARED, CARLOS
Address: 18001 OLD CUTLER RD, STE #370
City-St-Zip: PALMETTO BAY, FL 33157

Title: V ( ) Delete
Name: DEVINE, MARIANNE
Address: 1717 S BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: SPIEGELMAN, DEBORAH
Address: 980 MACARTHUR CAUSEWAY
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete
Name: LEE, RANDALL
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: GADINSKY, MARILYN
Address: 5325 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: V ( ) Delete
Name: RESHEFSKY, GARY
Address: 200 WEST CYPRESS RD #500
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH SPIEGELMAN CEO 01/14/2009

Electronic Signature of Signing Officer or Director — Date