## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 8:00 am Secretary of State

DOCUMENT # F0300000281  1. Entity Name SOCIETY OF THE EDUCATIONAL ARTS, INCORPORATED						07-12-200	90012	022 ****	70.00	
Principal Place of Business  CLEMENTE SOTO VELEZ CENTER 107 SUFFOLK STREET, 2ND FL NEW YORK, NY 10002  Mailing Address PO BOX 20385 NEW YORK, NY 10009			•		1 <b>19 6 11 18</b> 1911 <b>1 6 11</b>	-	4047 			
		3. Mailing Address								
Suite, Apt. (		Suite, Apt. #, etc.				hg-NP	CR2E037	<u> </u>		
City & State		City & State			4. FEI Number 11-321059	93	<del></del>	Not	Applicable	
Zip	Country	Zip	Country	<b></b> ':	5Certificate of S		<b>e</b> F	8.75 Addil ee Required	tional -	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Re	egistered A	gent		
OTERO II	ue		Name				•			
OTERO, LUIS 3908 BLAZING STAR DR. ORLANDO, FL 32828			Street A	Street Address (P.O. Box Number is Not Acceptable)						
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	d t , ·		City				FL	Zip Code		
	named entity submits this statement for one of registered agent.	r the purpose of changing its re	egistered office or	r register	ed agent, or both, in	the State of Flo	rida. I am la	imiliar with, a -	and accept	
SIGNATURE :	Signature, typed or printed name of registered agent	(A)NE	Registered Agent signati		unban (aunatakaa)		DATE	- ,		
	Signature, typed or printed name of registered agent a	ато пов в аррікавіе. (19012: в	vediziai ac vdaut sidusti	ure required	witeri (eliistamig)		- DAIL			
Trust Fund Contribution.										
					\$5.00 May Be Added to Fees			payable to ment of Sta		
		Trust Fund Co				Fior	lda Depart	ment of Sta	ate	
10.	ue by September 8, 2004 OFFICERS AND DIF	Trust Fund Co	11.		Added to Fees	Fior	lda Depart	ment of Sta ECTORS IN	10	
10.	OFFICERS AND DIF	Trust Fund Co	11.	P	Added to Fees	Flori GES TO OFFICER	Ida Departi	ment of Sta	ate	
10. TITLE ,	OFFICERS AND DIF  CP  MORAN, MANUEL A	Trust Fund Co	11. TITLE NAME	P	Added to Fees	Flori GES TO OFFICER	Ida Departi	ment of Sta ECTORS IN	10	
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10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND DIF  CP  MORAN, MANUEL A  PO BOX 20385  NEW YORK, NY 10009  VCVP	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P 107	Added to Fees	Fiori	RS AND DIR	ment of Sta ECTORS IN	10	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

7/6/04

(212)529-1545

Daytime Phone #