

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000281

FILED  
Aug 02, 2005  
Secretary of State

**Entity Name:** SOCIETY OF THE EDUCATIONAL ARTS, INCORPORATED

**Current Principal Place of Business:**

CLEMENTE SOTO VELEZ CENTER  
107 SUFFOLK STREET, 2ND FL  
NEW YORK, NY 10002

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20385  
NEW YORK, NY 10009

**New Mailing Address:**

**FEI Number:** 11-3210593      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OTERO, LUIS  
3908 BLAZING STAR DR.  
ORLANDO, FL 32828 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: MORAN, MANUEL A  
Address: 107 SUFFOLK STREET 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10002

Title: D ( ) Delete  
Name: MARINO, RICHARD P  
Address: 107 SUFFOLK STREET 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10002

Title: V ( ) Delete  
Name: CATALA, HENRY DR  
Address: 107 SUFFOLK STREET 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10002

Title: D ( ) Delete  
Name: RADAMES, VEGA  
Address: 107 SUFFOLK STREET 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10002

Title: D ( ) Delete  
Name: BARZAGA, FRANK  
Address: 107 SUFFOLK STREET 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10002

Title: D ( ) Delete  
Name: OTERO-NATER, LUIS M  
Address: 107 SUFFOLK STREET 2ND FL  
City-St-Zip: NEW YORK, NY 10002

**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 for the exemption stated in Section 119.07(3)(i), 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: MANUEL MORAN

PRES

08/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date