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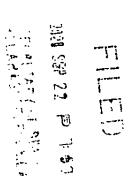
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COVER LETTER

	gistration Section vision of Corporations
	T: NATIONAL NEW PLAY NETWORK, LTD.
SUBJEC	Name of Corporation – must include suffix
Dear Sir or	· Madam:
Affairs in I	ed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to above referenced not for profit corporation to conduct its affairs in Florida.
Please retu	rn all correspondence concerning this matter to the following:
	NAN BARNETT
	Name of Person
	NATIONAL NEW PLAY NETWORK
	Firm/Company
	PO BOX 1692
	Address
	LAKE WORTH BEACH, FL 33460
	City/State and Zip Code
	NAN@NNPN.ORG
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
NAN BAR	
	Name of Person Area Code Daytime Telephone Number
Re Di P.	ailing Address: egistration Section Evision of Corporations O. Box 6327 Ellahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	s a check for the following amount: e check payable to: FLORIDA DEPARTMENT OF STATE Filing Fee \$\Bigcup \$\subseteq \text{\$\subseteq \since \text{\$\since \

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORID

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(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unava	ailable in Florida, enter alternate corporate name adopted for the purpose of ti	ransacting business in Florida)
NEW YORK	₃ 13-4018585	
(State or cour	ntry under the law of which it is incorporated) 3. 13-4018585 (FEI number.	if applicable)
5.4.1998	5.	
([Date of Incorporation) 5. (Date of duration,	if other than perpetual)
7.1.2020		
Date first cond	ucted affairs in Florida if prior to registration. See sections 617,1501 & 617.1502	2. F.S. to determine penalty liability.
65 GREGOR	Y ROAD WEST PALM BEACH FL 33465	
·	(Principal office street address)	
0.004.400		
O BOX 1692	LAKE WORTH BEACH FL 33640 (Current mailing address, if different)	
MEMBER SE Purpose(s) of o	RVICES ORGANIZATION FOR NFP THEATERS PRODUCING NEW PL corporation authorized in home state or country to be carried out in the state of	of Florida)
Purpose(s) of o	corporation authorized in home state or country to be carried out in the state of eet address of Florida registered agent: (P.O. Box NOT acceptable)	of Florida)
Purpose(s) of one of the value	corporation authorized in home state or country to be carried out in the state of country to be carried out in the state of cet address of Florida registered agent: (P.O. Box NOT acceptable) NAN BARNETT 365 GREGORY ROAD	of Florida)
Purpose(s) of over Name and str Name:	corporation authorized in home state or country to be carried out in the state of country to be carried out in the state of cet address of Florida registered agent: (P.O. Box NOT acceptable) NAN BARNETT 365 GREGORY ROAD	of Florida)
Purpose(s) of one of the Name and strain Name:	corporation authorized in home state or country to be carried out in the state of eet address of Florida registered agent: (P.O. Box NOT acceptable) NAN BARNETT	of Florida)
Purpose(s) of one of the Name and structure of the Name: Tice Address:	corporation authorized in home state or country to be carried out in the state of eet address of Florida registered agent: (P.O. Box NOT acceptable) NAN BARNETT 365 GREGORY ROAD WEST PALM BEACH (City) (Zip C	of Florida)
Name and str Name: Name: Tice Address: Registered ving been na ignated in the	corporation authorized in home state or country to be carried out in the state of country to be carried out in the state of cet address of Florida registered agent: (P.O. Box NOT acceptable) NAN BARNETT 365 GREGORY ROAD	of Florida) Code) we stated corporation at the play and agree to uct in this capacity complete performance of my d

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	EDISTRIE GUI EV		LYNDSAY BURCH
□Chairman	Name:ACTORS EXPRESS	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: B STREET THEATRE
□Director	887 West Marietta St NW Suite J-107,	□Director	2700 Capitol Ave
□ ¥ resident	ATLANTA . GA 30318	□President	SACREMENTO, CA 95816
□Vice President		□Wice President	
☐ Secretary	Treasurer	Secretary	Treasurer
□Other:	☐ Other:	□Other:	□Other:
□Chairman	ANN FILMER Name:	□Chairman	Name: MARGUERITE HANNAH
□Vice Chairman	Address: 16TH STREET THEATRE	□Vice Chairman	Address: HORIZON THEATRE
□Director	6420 16th St.	Director	1083 Austin Ave NE
□President	BERWYN, IL 60402	□President	ATLANTA, GA 30307
□Vice President		□Vice President	
☐ Secretary	☑ Treasurer		□Treasurer
□Other:	☐ Other:	□Other:	Other:
□ Chairman	Name:	□Chairman	Nane:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President	<u>.</u>	□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	Treasurer
Other:	Other:	□Other:	Other:
	Notice: Use an attachment to report more than viduals may be added		will be imaged for reporting purposes only. of State Annual Report form.
13	(Signature of Chairn	d in number	12 of the application)
	DDIE ASHLEY, PRESIDENT, BOARD OF DE	RECTORS NATIONAL	NEW PLAY NETWORK
···	(Typed or printed name and capacity or	person signing applicati	on)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NATIONAL NEW PLAY NETWORK, LTD. was filed on 05/04/1998, under the name of NATIONAL THEATER ALLIANCE, LTD., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NATIONAL THEATER ALLIANCE, LTD., changing its name to NATIONAL NEW PLAY NETWORK, LTD., was filed 08/05/1998.



Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of July two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Braden C Hylan

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