2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000001831

Entity Name: BROWARD ON BROADWAY, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4951 NORTH UNIVERSITY DRIVE 2708 NW 108 TERRACE SUITE 15A SUNRISE, FL 33322

LAUDERHILL, FL 33351

Current Mailing Address: New Mailing Address:

2708 NW 108 TERRACE 4951 NORTH UNIVERSITY DRIVE SUITE 15A SUNRISE, FL 33322 LAUDERHILL, FL 33351

FEI Number: 65-1023384 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: Name and Address of New Registered Agent:

WELLIKOFF, RONALD LEVINE, STEVEN T 4951 NORTH UNIVERSITY DRIVE 2708 NW 108 TERRACE SUITE 15A SUNRISE, FL 33322 LAUDERHILL, FL 33351 US

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: STEVEN T. LEVINE 04/26/2005

> Electronic Signature of Registered Agent Date

> > Title:

OFFICERS AND DIRECTORS:

() Delete

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition () Delete WELLIKOFF, RONALD LEVINE, STEVEN T Name: Name: Address: 10400 N.W. 14TH STREET Address: 2708 N.W. 108 TERRACE

City-St-Zip: PLANTATION, FL 33322 City-St-Zip: SUNRISE, FL 33322

FREDEBAUGH, DANA Name: LEVINE, STEVEN T Name: Address: 2708 N.W.108TH TERRACE Address: 11000 S.W. 13 STREET City-St-Zip: SUNRISE, FL 33322 City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete Title: (X) Change () Addition HELLERMAN, MARK Name: BLECKER, BARRET Name:

1300 GOLFVIEW DRIVE EAST Address: 12484 SW 8 CT Address: City-St-Zip: FORT LAUDERDALE, FL 33325 City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Delete Title: SD () Change (X) Addition

Name: Name: BERGER, LORI

5180 SABAL PALM BLVD., APT. #125 Address: Address:

City-St-Zip: City-St-Zip: TAMARAC, FL 33319

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: BARRET BLECKER DT 04/26/2005