

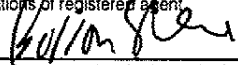
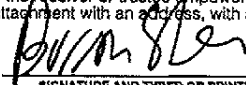


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # N02000001991 | |  |
| 1. Entity Name CINEMA VORTEX FOUNDATION, INC. | | |
| Principal Place of Business 445 NE74 ST MIAMI, FL 33138 | | Mailing Address 445 NE74 ST MIAMI, FL 33138 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 04302004 No Chg-NP CR2E037 (10/03) | | |
| 4. FEI Number 20-0425676 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent SHERER, BARRON 445 NE 74 ST MIAMI, FL 33138 | | DO NOT WRITE IN THIS SPACE |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  BARRON SHERER 4/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHERER, BARRON 445 NE 74 ST MIAMI, FL 33138 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLAINBAUM, ABEL 329 JEFFERSON AVE #5 MIAMI BEACH, FL 33139 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRAMER, LOU E 5310 NW 93 AVE SUNRISE, FL 33351 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHALLENGER, JOHN 595 NW 91 STREET MIAMI, FL 33150 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAUNCEY, DONALD E 6701 SW 64 COURT S MIAMI, FL 33143 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WYNN, KEVIN 1100 WAVE MIAMI BEACH, FL 33139 | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  BARRON SHERER, DIRECTOR 4/27/04 305.986.2773 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | |