FILED 2003 NOT-FOR-PROFIT CORPORATION Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N02000002897 04-23-2003 90154 017 ****61.25 BROADWAY THEATRE, INC. Principal Place of Business Mailing Address 1970 N.E. 34TH STREET 1970 N.E. 34TH STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 1455 5.E. I 3. Mailing Address 1456 S.E. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 045821 City & State Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired U·S. A Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Addition Delete Change TITLE TITLE GAMBUTO, MIKEL NAME NAME 1970 N.E. 34TH STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition GAMBUTO, KIMBERLY NAME NAME 1970 N.E. 34TH STREET---STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition LEBRECHT, DAWN NAME NAME 1970 N.E. 34TH STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

2. I hereby certify that the information supplied with this filling floes 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 seport is true and facturate 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 of true each explored tolescoule this peport as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment where additional true is the production of the corporation of the corporation

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

CITY-ST-7IP

TITLE

NAME

☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE: 8 / 1/ Skill State 1/19/03 954-784-0989