

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 23, 2005  
Secretary of State

DOCUMENT# N03000006296

Entity Name: ANCHOR ARTS MANAGEMENT, INC.

**Current Principal Place of Business:**

910 BAY DRIVE  
#33  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

910 BAY DRIVE  
#33  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 20-0116582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LUND, GARY  
910 BAY DRIVE  
#33  
MIAMI BEACH, FL 33141 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: D ( ) Delete  
Name: FLISS, ERIC  
Address: 800 LENNOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: LUND, GARY  
Address: 910 BAY DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: SMITH, LINDA M  
Address: 1509 NE 105 STREET  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: MCDONALD, LISA  
Address: 503 ANASTASIA AVE, APT #5  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: COHEN, ALBERT  
Address: 15421 SW 79TH AVE  
City-St-Zip: MIAMI, FL 33157

**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:

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: GARY LUND

D

03/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date