

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Nov 03, 2008**  
**Secretary of State**

DOCUMENT# N04000008814

**Entity Name:** THE JULIA E. BROWN THEATRICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1601 NW 81ST ST  
MIAMI, FL 33147

**New Principal Place of Business:**

1601 NW 81ST ST  
MIAMI, FL 33147

**Current Mailing Address:**

11020 PEMBROKE ROAD #211  
MIRAMAR, FL 33025 US

**New Mailing Address:**

**FEI Number:** 20-1628395      **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:**

HAYNES, ED  
7121 ALHAMBRA BLVD.  
PEMBROKE PINES, FL 33023 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: ED HAYNES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: HAYNES, ED  
Address: 7121 ALHAMBRA BLVD  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ED ( ) Delete  
Name: BROWN, JULIA E  
Address: 1601 NW 81ST ST  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: HENRY, ROBERT  
Address: 2465 SW 103 WAY  
City-St-Zip: MIRAMAR, FL 33317

Title: T ( ) Delete  
Name: MCKENZIE, VALERIE  
Address: 7121 ALHAMBRA BLVD  
City-St-Zip: MIRAMAR, FL 33023

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIA E. BROWN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ED

11/03/2008

\_\_\_\_\_  
Date