2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 05, 2008 8:00 am Secretary of State

SIGNATURE:

06-05-2008 90002 025 ****61.25 DOCUMENT # N06000001273 BROWARD LEAGUE OF MAYORS, INC. Mailing Address Principal Place of Business 60044076 115 S. ANDREWS AVENUE 115 S. ANDREWS AVENUE SUITE 122 SUITE 122 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-4974725 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOREN, SAMUEL'S Street Address (P.O. Box Number is Not Acceptable) GOREN, CHEROF, DOODY & EZROL, P.A. 3099 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE, FL 33308 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE Delete ORTIS, FRANK NAME NAME STREET ADDRESS 115 S. ANDREWS AVE #122 STREET ADDRESS CITY_ST-ZIP FORT, LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE TITLE NAME MOSETA, LORI NAME STREET ADDRESS 115 S. ANDREWS AVE #122 STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE TITLE NAME COOPER, JAY NAME 115 S. ANDREWS AVE #122 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP Addition TITLE Delete. Change NAME" SOKPLAN, ELLIGT NAME 115 S. ANDREWS AVE #122 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.