

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007205

FILED
Feb 09, 2009
Secretary of State

Entity Name: ENCORE PERFORMING ARTS CENTER INC.

Current Principal Place of Business:

311 SW 76TH TERRACE
N. LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

PO BOX 771354
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 06-1785729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

MAULL, KYLA N
311 SW 76TH TERRACE
N. LAUDERDALE, FL 33068 US

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: KYLA N. MAULL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAULL, KYLA N
Address: 311 SW 76TH TERRACE
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D () Delete
Name: BELTON, GEORGETTE C
Address: 311 SW 76TH TERRACE
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D () Delete
Name: NELSON, NICOLE
Address: 2866 NW 63 AVE.
City-St-Zip: SUNRISE, FL 33313

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:

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: KYLA N. MAULL

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date