2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N08000005262

Entity Name: VENICE PERFORMING ARTS SERIES, INC.

Current Principal Place of Business:

4915 AVON LANE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

4915 AVON LANE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 26-2748402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD SUITE A-100
TAMPA, FL 33612 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: P ( ) Delete
Name: COOPER, DEBRA
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete
Name: NAZIAN, SUSANNE REV
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

Title: VP ( ) Delete
Name: FAIN, HARRY
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete
Name: HAMMOND, ROGER
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BRAZUKAS, MICHELLE
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

Title: VP (X) Change ( ) Addition
Name: ONNIE, JANET
Address: 4915 AVON LANE
City-St-Zip: SARASOTA, FL 34238

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: DEBRA COOPER P 04/28/2009

Electronic Signature of Signing Officer or Director — Date