


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N10532 1. Entity Name ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 SEP -6 PM 2:19

Principal Place of Business 3408 E PARIS ST TAMPA, FL 33610	Mailing Address 496 TEAL LANE TALLAHASSEE, FL 32308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 208 W. 8th Ave. Suite, Apt. #, etc.
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09062006 Chg-NP CR2E037 (4/06)

City & State Tallahassee, FL	4. FEI Number 59-2618298	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NURSE, CASANOVA Z 496 TEAL LANE TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete NURSE, CASANOVA 496 TEAL LANE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 208 W. 8th Ave. Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete NURSE, OFSCAR SR 9306 N. ELMER ST TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400079733614 09/12/06--01068--016 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete NURSE, KENNETH JR 2100 E NAVAJO AVE TAMPA FL 336127040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in attachment with an address, with all other like empowered.

SIGNATURE: *Casanova Z. Nurse* 6 SEPT 06 813-215-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #