

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10746

FILED
May 14, 2009
Secretary of State

Entity Name: MIAMI CITY BALLET, INC.

Current Principal Place of Business:

2200 LIBERTY AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

2200 LIBERTY AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2578534 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:

GARDINER, PAMELA
2200 LIBERTY AVE
MIAMI BEACH, FL 33139 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, KAREN
Address: 450 E.LAS OLAS BLVD,#750
City-St-Zip: FT.LAUDERDALE, FL 33301

Title: VP () Delete
Name: SEVILLA-SACASA, FRANCES
Address: 114 W 47TH ST.
City-St-Zip: NEW YORK, FL 10036

Title: T () Delete
Name: KLEIN, GERALD
Address: 7613 GRANVILLE DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: RICHTER, ROSALIND
Address: 10651 NE QUAYBRIDGE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: SHULTZ, MICHAEL
Address: 2830 LONG MEADOW DR.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: LEBOW, GERRI
Address: 5203 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

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:

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: JONAH PRUITT

CFO

05/14/2009

Electronic Signature of Signing Officer or Director

Date