

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 05, 2009**  
**Secretary of State**

DOCUMENT# N10746

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)

**Name and Address of Current Registered Agent:**GARDINER, PAMELA  
2200 LIBERTY AVE  
MIAMI BEACH, FL 33139      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: MITCHELL, KAREN  
Address: 450 E.LAS OLAS BLVD,#750  
City-St-Zip: FT.LAUDERDALE, FL 33301Title: VP ( ) Delete  
Name: SEVILLA-SACASA, FRANCES  
Address: 114 W 47TH ST.  
City-St-Zip: NEW YORK, FL 10036Title: T ( ) Delete  
Name: KLEIN, GERALD  
Address: 7613 GRANVILLE DRIVE  
City-St-Zip: TAMARAC, FL 33321Title: D ( ) Delete  
Name: RICHTER, ROSALIND  
Address: 10651 NE QUAYBRIDGE  
City-St-Zip: MIAMI, FL 33138Title: D ( ) Delete  
Name: SHULTZ, MICHAEL  
Address: 2830 LONG MEADOW DR.  
City-St-Zip: WELLINGTON, FL 33414Title: D ( ) Delete  
Name: LEBOW, GERRI  
Address: 5203 FISHER ISLAND DR  
City-St-Zip: FISHER ISLAND, FL 33109**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change ( ) Addition  
Name: CODINA BARLICK, ANA-MARIE  
Address: 2855 LEJEUNE BLVD  
City-St-Zip: CORAL GABLES, FL 33134Title: VP (X) Change ( ) Addition  
Name: SEVILLA-SACASA, FRANCES  
Address: 460 SOLANO PRADO.  
City-St-Zip: CORAL GABLES, FL 33134Title: T (X) Change ( ) Addition  
Name: ESSERMAN, RONALD E  
Address: 10455 NW 12TH ST  
City-St-Zip: MIAMI, FL 33172Title: ( ) 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, III

CFO

10/05/2009

Electronic Signature of Signing Officer or Director

Date