NOW: FILING FEE AFTER MAY 1 IS $155.00

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CORPORATION ANNUAL REPORT

1996 Non Profit

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12510 (6)

1. Corporation Name

LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.

Principal Place of Business	Mailing Address
MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI FL 33130	MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 07/05/199
4. FEI Number: 59-2666628 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PELTON, MARGARET	1.2 NAME	
STREET ADDRESS	300 NE 2ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Horace J. Traylor
TITLE	T	2.1 TITLE	Treasurer ☒ Change ☒ Addition
NAME	BLOOD, ROBERT	2.2 NAME	
STREET ADDRESS	300 N.E. 2ND AVE.	2.3 STREET ADDRESS	300 N.E. 2nd Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33132
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM	3.2 NAME	
STREET ADDRESS	UNIVERSITY OF MIAMI	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLFSON, LYNN	4.2 NAME	
STREET ADDRESS	5050 NORTH BAY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME	See attached list for	5.2 NAME	200001807582
STREET ADDRESS	additional names	5.3 STREET ADDRESS	-05/04/96--01004--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret M. Pelton 4-25-96 305-237-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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LOUIS WOLFSON II
MEDIA HISTORY CENTER
A State of Florida designated moving image center and archive

Executive Board

* Dade County Employee