

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90042 024 ****61.25

DOCUMENT # N12510 1. Entity Name LOUIS WOLFSON II FLORIDA MOVING IMAGE ARCHIVE, INC.					
Principal Place of Business MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI, FL 33130			Mailing Address MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O MICHAEL E. GORDON, PA CPA 3580 NE TRIESTE TERR BOCA RATON, FL 33487-5208 PALM BEACH		03082007 Chg-NP CR2E037 (12/06)	
City & State BOCA RATON, FL		4. FEI Number 59-2666628		Applied For <input type="checkbox"/> Not Applicable	
Zip 33487-5208		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name MICHAEL E. GORDON, PA CPA Street Address (P.O. Box Number is Not Acceptable) 5580 NE TRIESTE TERRACE BOCA RATON FL 33487		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 4/5/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HACKEL, DAN <input checked="" type="checkbox"/> Delete DEPT. OF COMMUNICATION-VCO P.O. BOX 3028 ORLANDO, FL 328023028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY H. RAATTAMA, JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ONE SE 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131-1714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUNCEY, DON <input type="checkbox"/> Delete 101 WEST FLAGLER ST MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFSON, LOUIS III <input type="checkbox"/> Delete VENTURE W. CORP. 3400 STADELAND BLVD 100- MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VENTURE LW LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 SOUTH DADELAND BLVD., STE 100 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, LYNN <input type="checkbox"/> Delete 5060 NORTH BAY ROAD MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 EDGEWATER DRIVE, TSA CORAL GABLES, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAIGO, RAYMOND <input type="checkbox"/> Delete 101 WEST FLAGLER STREET MIAMI, FL 33130	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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CATHY LEFF THE WOLFSONIAN - FIN 1001 WASHINGTON AVENUE MIAMI BEACH, FL 33139		
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 on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Louis Wolfson II		Date 4/6/07	
				Office Phone # (305) 854-1440	