2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N12510

Entity Name: LYNN AND LOUIS WOLFSON II FLORIDA MOVING IMAGE ARCHIVES, INC.

Current Principal Place of Business:

MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL E GORDON PA CPA
5580 NE TRIESTE TERR
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2666628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, MICHAEL E PA
5580 NE TRIESTE TERRACE
BOCA RATON, FL 33487 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: D ( ) Delete
Name: CHAUNCEY, DON
Address: 101 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33130

Title: P ( ) Delete
Name: WOLFSON, LOUIS III
Address: 9400 S DADEKABD BLVD,STE 100
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: WOLFSON, LYNN
Address: 10 EDGEWATER DR TSA
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: SANTAIAGO, RAYMOND
Address: 101 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete
Name: LEFF, CATHY
Address: 1001 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: WOLFSON, LOUIS III
Address: 9400 S DADELAND BLVD,STE 100
City-St-Zip: MIAMI, FL 33156

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: LOUIS WOLFSON III PRES 04/09/2009

Electronic Signature of Signing Officer or Director — Date