2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19077

FILED Feb 15, 2005 Secretary of State

Entity Name: COMMUNITY THEATRE OF MIAMI LAKES, INC.

Current Principal Place of Business: New Principal Place of Business:

6766 MAIN STREET

MIAMI LAKES, FL 33014 US

Current Mailing Address: New Mailing Address:

6766 MAIN STREET

MIAMI LAKES, FL 33014 US

FEI Number: 65-0010115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRARD, ELIZABETH HYATT, JOSH C 15201 NW 6 COURT 1900 NE 158 ST

PEMBROKE PINES, FL 33028 US N MIAMI BEACH, FL 33162 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: JOSH CHARLES HYATT 02/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: () Change () Addition

 Name:
 GARRARD, ELIZABETH A
 Name:

 Address:
 15201 NW 6 COURT
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: FRAGETTA, BILL Name: FERNANDEZ, PATRICIA

Name: FRAGETTA, BILL Name: FERNANDEZ, PATRICIA
Address: 16515 DUNOON COURT Address: 6766 MAIN STREET
City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete Title: SD (X) Change () Addition Name: BURKETT, HEATHER Name: HYATT, JOSH

 Name:
 BURKETT, HEATHER
 Name:
 HYATT, JOSH

 Address:
 6855 W 2ND LANE
 Address:
 1900 NE 158 ST

City-St-Zip: HIALEAH, FL 33014 City-St-Zip: N MIAMI BEACH, FL 33162

 Name:
 SCORCA, DAVID
 Name:
 BEECH, AUDREY

 Address:
 15201 NW 6 COURT
 Address:
 6766 MAIN STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSH HYATT SD 02/15/2005