2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

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DOCUMENT # N19077 1. Entity Name COMMUNITY THEATRE OF MIAMI LAKES, INC.						071 009 ****61	.25
Principal Plac 6766 MAIN S MIAMI LAKES	STREET	Mailing Address 6766 MAIN STREET MIAMI LAKES, FL 33014	4 US	400422	ilini benji ileh ileh sidir	I BIBK BION OIBK BION OIBK	
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01062008 Ch	ng-NP C	R2E037 (12/06)	
City & State	е	City & State		4. FEI Number 65-001011	5		plied For t Applicable
Zip	Country .	Zip	Country	5. Certificate of St	atus Desired [\$8.75 Add	
	6. Name and Address of Current	Registered Agent	I	7. Name and Add	ress of New Regis	stered Agent	
BEECH, A			Name 1B	BEECH A	UDRE	Y	· · · · · · · · · · · · · · · · · · ·
- 7200 FAIR - 24	WAY-DR.		Street Add	dress (P.O. Box Number is I	Of Acceptable)	ue # L	+19
MIAMILKA	\ES, FL 33014		Cit			1 20. 0. 4.	
- 1			City H	ialeah		FL 330	
R The shove							
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida	i. I am familiar with,	and accept
	ions of registered agent.	EECH	egistered office or re Audulu Registered Agent signature	egistered agent, or both, in Mech Required when reinstating)		5/08	and accept
the obligat	ions of registered agent. AUDREY B	EECH	Audieus Registered Agent signature paign Financing	Meccli Required when reinstating)	<i>3 /</i>		
the obligat	ions of registered agent. AUD REY B Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	Audicu Registered Agent signature	Mecch required when reinstating) \$5.00 May Be	3/ Make Florida	5/08 check payable to Department of St) áte
the obligat	ions of registered agent. AUD REY B Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	t and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	Audicur Registered Agent signatur paign Financing ontribution.	#5.00 May Be Added to Fees ADDITIONS/CHANG	Make Florida ES TO OFFICERS A	5/08 Date check payable to Department of St AND DIRECTORS IN Change) áte
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12. I hereby certify that the information supplied with this filling 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 editiress, with all other like empowered.

SIGNATURE:

AND THEO OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

305-356-3500×1444

Daytime Phone #