2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 28, 2009 DOCUMENT# N19077 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 (X)

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

BEECH, JOHN A LYZNIAK, CLARA M PD 5300 W. 16 AVENUE #419 16019 NW 82 PLACE

MIAMI LAKES, FL 33016 US HIALEAH, FL 33012

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: CLARA M. LYZNIAK 07/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LYZNIAK, CLARA LYZNIAK, CLARA M Name: Name: 17339 NW 66 PLACE Address: 16019 NW 82 PLACE Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI LAKES, FL 33016 US

Title: () Delete Title: (X) Change () Addition PADRON-FRAGETTA, AMELI FRAGETTA, AMELI Name: Name: Address: 16515 DUNOON COURT Address: 16515 DUNOON CT. City-St-Zip: HIALEAH, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014 US

Title: () Delete Title: SD (X) Change () Addition BEECH, JOHN A Name: BEECH, AUDREY Name:

5300 W 16TH AVENUE #419 5300 W. 16TH AVENUE, #419 Address: Address:

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012 US

Title: TD () Delete Title: TD (X) Change () Addition SCHROEDER, BARBARA Name: Name: FRAGETTA, WILLIAM

16515 DUNOON CT. Address: 940 LENOX AVENUE # 12 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI LAKES, FL 33014 US

Title: DIR () Delete Title: (X) Change () Addition

COPPEL, ROBERT COPPEL, ROBERT Name: Name: % 6766 MAIN ST. 14252 NW 83RD COURT Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014 US

Title: (X) Delete Title: () Change () Addition

BEECH, AUDREY M Name: 5300 W 16TH AVENUE # 419 Address: HIALEAH, FL 33012 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: CLARA M. LYZNIAK PD 07/28/2009

Electronic Signature of Signing Officer or Director

Date