2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22369

FILED Jan 24, 2007 Secretary of State

Entity Name: THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US **New Mailing Address: Current Mailing Address:** %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US FEI Number: 59-2850579 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: HART, J. ERIK 128 EÁST FORSYTH STREET STE 300 JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LANAHAN, MARTY LANAHAN, MARTY Name: Name: 51 W. BAY STREET Address: 51 WEST BAY STREET Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: DT () Delete Title: (X) Change () Addition Name: FARRELL, MARK T Name: FARRELL, MARK T Address: 3020 HARTLEY ROAD STE 300 Address: 25785 MARSH LANDING PARKWAY City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: PONTE VEDRA, FL 32082 Title: () Delete Title: () Change () Addition REID, BRUCE E Name: Name: 14000 CITI CARDS WAY B3R-3A058 Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAZZARA, IRENE Name: Address: 129 BRISTOL PLACE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE D. GRADY BM 01/24/2007