

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27488

FILED
Mar 25, 2009
Secretary of State

Entity Name: ACTOR'S PLAYHOUSE PRODUCTIONS, INC.

Current Principal Place of Business:

280 MIRACLE MILE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

280 MIRACLE MILE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0060167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GROSS, LESLIE JAY
10471 SW 126TH STREET
MIAMI, FL 33176 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: PD () Delete
Name: STEIN, LAWRENCE E
Address: 12515 S.W. 105 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: VTD () Delete
Name: KESSLER, LAWRENCE J
Address: 9300 SW 142ND STREET
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: GROSS, LESLIE
Address: 10471 SW 126 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAWRENCE STEIN

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date