2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32019

FILED Jul 02, 2004 Secretary of State

Entity Name: THE PUBLIC THEATRE OF SOUTH FLORIDA, INC.

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

C/O DAVID J BERNSTEIN 1350 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

C/O DAVID J BERNSTEIN 5334 OSPREY ST COCONUT CREEK, FL 33073

FEI Number: 65-0161710 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:

BERNSTEIN, DAVID J 5334 OSPREY STREET COCONUT CREEK, FL 33043 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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

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

 Name:
 SAVORY, P. CONSTANCE
 Name:
 OSTER, BARRY

 Address:
 308 NE 20 STREET
 Address:
 22585 MERIDIANA DR.

 City-St-Zip:
 WILTON MANOR, FL 33043
 City-St-Zip:
 BOCA RATON, FL 33433

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

Name: GONZALEZ, DAVID Name: MAAYA, MISTY

Address: 632 NW 22 STREET Address: 4680 SW 74TH TERRACE

City-St-Zip: WILTON MANORS, FL 33311 City-St-Zip: DAVIE, FL 33314

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

 Name:
 SIEGELAUB, STEVEN
 Name:

 Address:
 4922 NW 81 AVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33067
 City-St-Zip:

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: MISTY MAAYA PD 07/02/2004