

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32019

FILED
Feb 03, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0161710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNSTEIN, DAVID J
5334 OSPREY STREET
COCONUT CREEK, FL 33043 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: VD () Delete
Name: OSTER, BARRY
Address: 22585 MERIDIANA DR.
City-St-Zip: BOCA RATON, FL 33433

Title: PD () Delete
Name: CHAMBERS, STEVEN A
Address: 3349 NW 35TH WAY
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: TD () Delete
Name: JENSEN, JERRY K
Address: 800 PARKVIEW DR
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD () Delete
Name: DAVID JAY, BERNSTEIN
Address: 5334 OSPREY STREET
City-St-Zip: COCONUT CREEK, FL 33073

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:

Title: () Change () Addition
Name:
Address:
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: DAVID JAY BERNSTEIN

SD

02/03/2007

Electronic Signature of Signing Officer or Director

_____ Date