

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 DEC -2 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12.497 *LN*



11092007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N41551</b> 1. Entity Name <b>PERFORMING ARTS CENTER FOUNDATION OF GREATER MIAMI, INC.</b>					
Principal Place of Business <b>1300 BISCAYNE BLVD. MIAMI, FL 33132 US</b>		Mailing Address <b>1300 BISCAYNE BLVD. MIAMI, FL 33132 US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0420871</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>HARDY, MICHAEL 1300 BISCAYNE BLVD. MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name <b>Louis Tertocha</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1300 Biscayne Blvd.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33132</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>December 9, 2007</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ESSERMAN, RONALD 10455 NW 12TH STREET MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Ronald Esserman 10455 NW 12 Street, Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVITT, RHODA 3519 BAYSHORE VILLAS DR COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair Robert Hudson, Jr 1111 Brickell Ave, Ste 1700, Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WEISER, SHERWOOD M 3250 MARY STREET MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair Donald Lefton 3250 Mary St, 5th Floor, Coconut Grove 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARSHT, ADRIENNE 2720 CORAL WAY MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair Rhoda Levitt 3519 Bayshore Villas Dr, Coconut Grove 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HUDSON, ROBERT F JR. 1111 BRICKELL AVENUE, SUITE 1700 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Barlick 200 Biscayne Blvd, Ste 3700 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, M. ANTHONY 3600 NW 82ND AVENUE MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Adrienne Arsht 2720 Coral Way, Miami FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			<b>Ronald Esserman</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>11/20/07</b>		Daytime Phone # <b>786-468-2202</b>