

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41551

FILED
Mar 20, 2008
Secretary of State

Entity Name: PERFORMING ARTS CENTER FOUNDATION OF GREATER MIAMI, INC.

Current Principal Place of Business:

1300 BISCAYNE BLVD.
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

1300 BISCAYNE BLVD.
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0420871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERTOCHA, LOUIS
1300 BISCAYNE BLVD.
MIAMI, FL 33132 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: C () Delete
Name: ESSERMAN, RONALD
Address: 10455 NW 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: VC () Delete
Name: LEVITT, RHODA
Address: 3519 BAYSHORE VILLAS DR
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T () Delete
Name: BARLICK, ROBERT
Address: 200 BISCAYNE BLVD., STE 3700
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: ARSHT, ADRIENNE
Address: 2720 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

Title: VC () Delete
Name: HUDSON, ROBERT F JR.
Address: 1111 BRICKELL AVENUE, SUITE 1700
City-St-Zip: MIAMI, FL 33131 US

Title: VC () Delete
Name: LEFTON, DONALD
Address: 3520 MARY ST., 5TH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

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
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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: JOHN BURNETT

CFO

03/20/2008

Electronic Signature of Signing Officer or Director

Date