

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2005  
Secretary of State**

DOCUMENT# N44566

Entity Name: PERFORMING ARTS CENTER TRUST, INC.

**Current Principal Place of Business:**

1444 BISCAYNE BLVD  
SUITE 202  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1444 BISCAYNE BLVD  
SUITE 202  
MIAMI, FL 33132 US

**New Mailing Address:**

FEI Number: 65-0353695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMSON, PARKER D.  
1444 BISCAYNE BLVD  
STE 202  
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: PD ( ) Delete  
Name: THOMSON, PARKER  
Address: 1111 BRICKELL AVENUE SUITE 1900  
City-St-Zip: MIAMI, FL 33131

Title: VPD ( ) Delete  
Name: HERRON, JAMES  
Address: 200 SOUTH BISCAYNE BLVD., #4000  
City-St-Zip: MIAMI, FL 33131

Title: VPD ( ) Delete  
Name: NICHOLS, FLORENE  
Address: 4120 NW 8TH AVE  
City-St-Zip: MIAMI, FL 33127

Title: VPD ( ) Delete  
Name: LOUMIET, JUAN P  
Address: 1221 BRICKELL AVE 24TH FL  
City-St-Zip: MIAMI, FL 33131

Title: T ( ) Delete  
Name: WILSON, DAVID  
Address: 1717 N. BAYSHORE DR #124  
City-St-Zip: MIAMI, FL 33132

Title: S ( ) Delete  
Name: LEVINE, I. STANLEY  
Address: 1110 BRICKELL AVE #700  
City-St-Zip: MIAMI, FL 33131

**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:

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 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: RICHARD WALKER

CFO

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date