

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 DEC 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900113744299
01/04/08--01009--020 **70.00



DOCUMENT # N44566			
1. Entity Name PERFORMING ARTS CENTER TRUST, INC.			
Principal Place of Business 1300 BISCAYNE BOULEVARD MIAMI, FL 33132 US		Mailing Address 1300 BISCAYNE BOULEVARD MIAMI, FL 33132 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent THOMSON, PARKER D. 1300 BISCAYNE BOULEVARD MIAMI, FL 33132		7. Name and Address of New Registered Agent Name: <u>Louis Tertocha</u> Street Address (P.O. Box Number is Not Acceptable): <u>1300 Biscayne Blvd</u> City: <u>Miami</u> FL Zip Code: <u>33132</u>	
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: (NOTE: Registered Agent signature required when reinstating) DATE: <u>November 9, 2007</u>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	THOMSON, PARKER		
STREET ADDRESS	1111 BRICKELL AVENUE SUITE 1900		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	HERRON, JAMES		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., #4000		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	NICHOLS, FLORENE		
STREET ADDRESS	4120 NW 8TH AVE		
CITY-ST-ZIP	MIAMI, FL 33127		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	LOUMIET, JUAN P		
STREET ADDRESS	1221 BRICKELL AVE 24TH FL		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	WILSON, DAVID		
STREET ADDRESS	1717 N. BAYSHORE DR #124		
CITY-ST-ZIP	MIAMI, FL 33132		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	LEVINE, I. STANLEY		
STREET ADDRESS	1110 BRICKELL AVE #700		
CITY-ST-ZIP	MIAMI, FL 33131		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. Ricky Arriola		
STREET ADDRESS	1395 NW 58 Court, Miami Lakes, FL 33014		
CITY-ST-ZIP			
TITLE	Chair-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mike Eidson		
STREET ADDRESS	255 Aragon, Coral Gables, FL 33134		
CITY-ST-ZIP			
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sonia Dula		
STREET ADDRESS	1000 So. Pointe Drive, Miami Beach FL 33139		
CITY-ST-ZIP			
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bill Armstrong		
STREET ADDRESS	30725 So Federal Hwy, Homestead, FL 33030		
CITY-ST-ZIP			
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James Herron		
STREET ADDRESS	1401 Brickell Ave. Ste 825, Miami FL 33131		
CITY-ST-ZIP			
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Penny Thurer		
STREET ADDRESS	1019 Castile Ave., Coral Gables, FL 33134		
CITY-ST-ZIP			

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 11/13/07 DAYTIME PHONE #: 786-468-2202

2/2/12