

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 20, 2008  
Secretary of State

DOCUMENT# N44566

Entity Name: PERFORMING ARTS CENTER TRUST, INC.

**Current Principal Place of Business:**

1300 BISCAYNE BOULEVARD  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 BISCAYNE BOULEVARD  
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:**

TERTOCHA, LOUIS  
1300 BISCAYNE BOULEVARD  
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: ARRIOLA, J. RICKY  
Address: 1395 NW 58 COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: CE ( ) Delete  
Name: EIDSON, MIKE  
Address: 255 ARAGON  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: DULA, SONIA  
Address: 1000 SO. POINTE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: AT ( ) Delete  
Name: ARMSTRONG, BILL  
Address: 30725 SO FEDERAL HWY  
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete  
Name: HERRON, JAMES  
Address: 1401 BRICKELL AVE., STE 825  
City-St-Zip: MIAMI, FL 33130

Title: AS ( ) Delete  
Name: THURER, PENNY  
Address: 1019 CASTILE AVE.  
City-St-Zip: CORAL GABLES, FL 33134

**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 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