

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44566

FILED  
Apr 26, 2012  
Secretary of State

**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 (X)

**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: IPC  
Name: ARRIOLA, J. RICKY  
Address: 1395 NW 58 COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: C  
Name: EIDSON, MIKE  
Address: 255 ARAGON  
City-St-Zip: CORAL GABLES, FL 33134

Title: T  
Name: SHEER, EMERY  
Address: 2525 PONCE DE LEON BLVD, 5TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: AT  
Name: FEIN, ALAN  
Address: 150 W. FLAGLER ST, STE 2200  
City-St-Zip: MIAMI, FL 33130

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN BURNETT

CFO

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date