2001 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2001 8:00 am § Secretary of State DOCUMENT # N45529 1. Entity Name MIAMI STORYTELLERS GUILD, INC. 04-12-2001 90006 002 ****61.25 Mailing Address Principal Place of Business 5101 SW 65TH AVE 5101 SW 65TH AVE MIAMI FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0289262 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPITZER, LINDA 5101 SW 65 AVE **MIAMI FL 33155** Zip Code City 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. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change ☐ Addition TITLE TITLE **Delete** NAME NAME SPITZER, LINDA STREET ADDRESS STREET ADDRESS 5101 SW 65 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition Qelete TITLE TITLE NAME NAME **GREGORY, PAT** STREET ADDRESS STREET ADDRESS 960 NE 90TH ST CITY-ST-ZIP CITY-ST-ZIP. MIAMI FL 33138 ☐ Addition Delete Change TITLE TITLE NAME NAME ALSPAUGH, H STREET ADDRESS STREET ADDRESS 9935 SW 196TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Change Addition TITLE TITLE Delete NAME NAME GREGORY, JIM 960 STREET ADDRESS STREET ADDRESS 960 NE 90TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 TITLE Change ☐ Addition □ Delete TITLE GRAMLINE LOUISE NAME NAME STREET ADDRESS STREET ADDRESS 5801 MARIUS ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33146**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 eppowered.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

PIPKIN. G L

MIAMI FL 33155

6770 N WATERWAY DR

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

G ONFICER OR DIBERTOR

4/9/01 305-665-8429

☐ Addition

Document# NH5529

Officers and Directors Miami Storytellers Guild 2001-2002 President Spitzer, Linda 5101 SW 65 Ave Miami, FL 33155

5267Q5

VP Gathercole, Kathi 12530 SW 96th ST Miami,FL33186

S Galdo, Lilian Pipkin 6770 N. Waterway Dr Miami, FL 33155

T Alspaugh, Helen 9935 SW 196th St Miami, FL 33157

D Gregory, Pat 960 NE 90th St Miami, FL 33138

D Gregory, Jim 960 NE 90th St Miami, FL 33138

D Gramling, Louise 5801 Marius St Miami, FL 33146

D Freeman, Paul 602 NW 100 ST Miami, FL 33150