## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002197

City-St-Zip:

MIAMI BEACH, FL 33139

Entity Name: MIAMI BEACH FILM SOCIETY, INC.

FILED Jan 11, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
PO BOX 1 MIAMI BEA	9-1876 ACH, FL 33119	9	512 ESPANOLA WAY MIAMI BEACH, FL 33139  New Mailing Address:			
Current M	lailing Addres	ss:				
PO BOX 1 MIAMI BEA	9-1876 ACH, FL 3311	9				
FEI Number	: 65-0415830	FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
723 14TH MIAMI BEA The above in the State	ACH, FL 33139 named entity se of Florida.		purpose of changing i	ts registered	office or registered agent, or both	
SIGNATU		nic Signature of Registered Ag	ent		 Date	
OFFICER	S AND DIREC	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PDM ( ) WEEKLY, DAN 723 14TH PL # MIAMI BEACH,	16	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD ( ) ACOCELLA, LU 1228 WEST AV MIAMI BEACH,	'E.	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) ROGET, CRIST 460 OCEAN DE MIAMI BEACH,	₹.	Title: Name: Address: City-St-Zip:	D ( FLATTO, CAF 1438 JEFFEF MIAMI BEACH	RSON AVE	
Title: Name: Address: City-St-Zip:	CD ( ) CHRISTIN, ED 4475 MERIDIAI MIAMI BEACH,		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address:	D ( ) EGAN, WILLIAI 1504 BAY RD A		Title: Name: Address:	(	) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: DANA KEITH WEEKLY PDM 01/11/2009