

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002205

FILED
Jul 06, 2006
Secretary of State

Entity Name: THE PEMBROKE PINES THEATRE OF THE PERFORMING ARTS, INC.

Current Principal Place of Business:

1689 N. HIATUS RD
PMB 239
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

12233 SW 55TH STREET
SUITE 807
COOPER CITY, FL 33330 US

Current Mailing Address:

12106 SW 2 STREET
PEMBROKE PINES, FL 33025 US

New Mailing Address:

12233 SW 55TH STREET
SUITE 807
COOPER CITY, FL 33330 US

FEI Number: 65-0431190 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERREL, JOSEPH C
12106 SW 2 STREET
PEMBROKE PINES, FL 33025 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: DP () Delete
Name: CICHEWICZ, JAMES A.
Address: 18099 92 LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DC () Delete
Name: ENTIN, ALVIN
Address: 15621 SW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT () Delete
Name: FERREL, JOSEPH C
Address: 12106 SW 2 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DV () Delete
Name: KRAMER, KEITH G
Address: 18459 NW 9 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CICHEWICZ, JAMES A.
Address: 18099 92 LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: DC (X) Change () Addition
Name: ENTIN, ALVIN
Address: 6002 DOGWOOD CIR
City-St-Zip: TAMARAC, FL 33319 US

Title: DT (X) Change () Addition
Name: FERREL, JOSEPH C
Address: 12106 SW 2 STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: DV (X) Change () Addition
Name: KRAMER, KEITH G
Address: 18459 NW 9 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH C FERREL

DT

07/06/2006

Electronic Signature of Signing Officer or Director

Date