2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000004390

RT FILED Aug 24, 2007 Secretary of State

Entity Nan	ne: THE THEA	ATRE LEAGUE OF SOUTH FL	ORIDA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
18900 NE 2 214	25TH STREET						
MIAMI, FL	33179 US						
Current M	ailing Address	::	New Maili	New Mailing Address:			
P O BOX 6 MIAMI, FL							
FEI Number:	65-0475101	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of	New Registered Agent:		
DEARTH, I 18900 NE 2 MIAMI, FL	25TH STREET		18900 NE 2	ARTHUR, ANDIE 18900 NE 25TH STREET MIAMI, FL 33180 US			
The above in the State		ubmits this statement for the po	urpose of changing it	ts registered	office or registered agent, or both,		
SIGNATURE: ANDIE ARTHUR				08/24/2007			
	Electroni	c Signature of Registered Age	nt		Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	S () I FINSTROM, TON 347 NEW RIVER TAMPA, FL 3360	DR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD () I LEVITT, RON 2573 EAGLE RU WESTON, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD () I LOSHER, MERE 1314 E. LAS OL/ FORT LAUDERD	AS BLVD., 13	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SIERRA-GROI 4025 N FEDER) Change (X) Addition BBELAAR, JENNIFER RAL HIGHWAY, # C-319 RDALE, FL 33308		

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: ANDIE ARTHUR ED 08/24/2007