


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004390 1. Entity Name THE THEATRE LEAGUE OF SOUTH FLORIDA, INC.	
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Principal Place of Business 18900 NE 25TH STREET 214 MIAMI, FL 33179 US	Mailing Address P O BOX 630656 MIAMI, FL 33163 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0475101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARTHUR, ANDIE
18900 NE 25TH STREET
MIAMI, FL 33180**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andie Arthur* *Andie Arthur* 1/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINSTROM, TONY 347 NEW RIVER DR TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVITT, RON 2573 EAGLE RUN LN. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOSHER, MEREDITH 1314 E. LAS OLAS BLVD., 13 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIERRA-GROBBELAAR, JENNIFER 4025 N FEDERAL HIGHWAY, # C-319 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/08-80023-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: *Andie Arthur* *Andie Arthur* 1/18/07 954-557-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #