2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002791

Entity Name: FLORIDA GRAND OPERA, INC.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1200 CORAL WAY MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

1200 CORAL WAY MIAMI, FL 33145

FEI Number: 65-0496477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEUER, ROBERT M 1200 CÓRAL WAY MIAMI, FL 33145

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEUER, ROBERT HEUER, ROBERT MICEO Name: Name: Address: 1200 CORAL WAY Address: 1200 CORAL WAY City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145 Title: Title: () Delete () Change () Addition BEDLEY, DENNIS G Name: Name: Address: 1200 CORAL WAY Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition ROBINSON, JANE A Name: Name: 1200 CORAL WAY Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip:

Title: CD () Delete Title: () Change () Addition

Name: HARRISON, BEN Name: 1200 CORAL WAY Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip:

Title: () Delete Title: () Change () Addition

GORDON, EVA U Name: Name: 220 ALHAMBRA CIRCLE, 5TH FLOOR Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

Title: () Delete Title: () Change () Addition

WOLFSON, LYNN Name: Name: Address: 10 EDGEWATER DRIVE, TOWER SUITE A Address: CORAL GABLES, FL 33133 City-St-Zip: City-St-Zip:

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: ROBERT M HEUER MR 03/02/2007