2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2005 08:00 AM **DOCUMENT # N94000003608 Secretary of State** 1. Entity Name PAN PERFORMING ARTS NETWORK, A GUILD OF PERFORMING ARTISTS, INC. Principal Place of Business Mailing Address 13126 W DIXIE HWY 13126 W DIXIE HWY NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 04262005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0547695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GEORGE, LORI ILISE 1031 N. E. 72ND STREET MIAMI, FL 33138 IN THIS SPACE 3. 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. (NOTE: Registered Agent signature required when reinstating) DATE Skinneture, typed or printed name of registered agent and tate if applicable 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 П Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE PD NAME GEORGE, LORI I STREET ADDRESS 1031 NE 72 ST CITY-ST-ZIP MIAMI, FL 33138 U00000339628 TITLE VD NAME PAGAN, LOURDES 04/28/05~80085-007 70.*0*0 STREET ADDRESS 1600 MICHIGAN AVE, #5 CITY-ST-ZP MIAMI BEACH, FL 33139 TILE NAME JOHN, GEORGE M STREET ADDRESS 1343 NE 119 ST. DO NOT WRITE CITY - ST - ZIP MIAMI, FL 33161 IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Lovi I George OFFICER OR DIRECTOR

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Daytime Phone #