


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N94000003608 1. Entity Name PAN PERFORMING ARTS NETWORK, A GUILD OF PERFORMING ARTISTS, INC. |  |
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|---|---|
| Principal Place of Business 13126 W DIXIE HWY NORTH MIAMI, FL 33161 | Mailing Address 13126 W DIXIE HWY NORTH MIAMI, FL 33161 |
|---|---|



07022007 No Chg-NP CR2E037 (4/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0547695 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GEORGE, LORI ILISE
1031 N. E. 72ND STREET
MIAMI, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GEORGE, LORI I 1031 NE 72 ST MIAMI, FL 33138 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PAGAN, LOURDES 1600 MICHIGAN AVE, #5 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHN, GEORGE M 1343 NE 119 ST. MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/05/07-80008-015 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____