

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000584

FILED
Apr 25, 2005
Secretary of State

Entity Name: ARTISTS SHOWCASE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

815 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 158
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0560738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, CATHERINE
5305 GREENWOOD AVE
SUITE 101
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOWE, CATHERINE
Address: 5305 GREENWOOD AVENUE, SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: LEWIS, STEPHANIE
Address: 2200 OLD GERMAN TOWN RD #2500
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: DEBBYE RAING,
Address: 3372 FOREST HILL BLVD #B101
City-St-Zip: W PALM BCH, FL 33406

Title: D () Delete
Name: DILLARD, KALINTHIA
Address: 1 NORTH CLEMATIS ST #500
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date