FILED DOCUMENT # N9600000134 May 12, 2000 8:00 am 1. Entity Name Secretary of State THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC. 04-18-2000 90242 005 ****61.25 Principal Place of Business Mailing Address 2400 NORTHWEST BOCA RATON BOULEVARD 2400 NORTHWEST BOCA RATON BOULEVARD BOCA RATON FL 33431-6638 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0639483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zlp Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT/DIPECTOR | Change Delete TITLE TITLE VICE CINDY HARRIS-LOFTOUIST NAME NAME ALTNER, ROBERT 5359 PARK PLACE CIRCLE STREET ADDRESS STREET ADDRESS 17552 FIELDBROOK CIRCLE BOCA RATION, FL 33486 CiTY-ST-218 CITY-ST-ZIP **BOCA RATON FL 33496** DIRECTOR SECRETARY/DIBECTOR Delete Addition Addition TITLE PRESIDENT/ TITLE HEIDI JOHNSON RUBIN, LEON NAME NAME 2898 SW 22 CIRCUE # 232A STREET ADDRESS **5096-4 HEATHER HILL LANE** STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DELRAY BEACH, FL 33445 <u>Boca raton fl</u> Delete TREASURER Change Addition A TITLE TITLE JOANN AGATHEAS NAME MURRAY, SUSAN NAME 890 N. FEDERAL HWY, STE, 301 STREET ADDRESS STREET ADDRESS 2020 NE 27 CT CITY-ST-ZIP CITY-ST-ZIF LIGHTHOUSEPOINT FL 33431 BOCA RATION FL 33437 EXECUTIVE PIRECTOR OF TITLE Change ☐ Addition Deiete TITLE LAWLOR, DEBBYE LAHR NAME NAME STREET ADDRESS STREET ADDRESS 1321 S.W. 18TH ST CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 **D** Delete TITLE Change ☐ Addition NAME NAME ADAMS, EVELYN STREET ADDRESS STREET ADDRESS 3600 HAMLET DR CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL D SCANNELLY · 🔲 Change ☐ Addition TITLE TITLE SCAHNELL, JOHN NAME NAME STREET ADDRESS STREET ADORESS 1800 N. DIXIE HWY

12. I hereby certify that the information supplied with this filing does not qualify 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 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 trusted empowered to execute this report as equired 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.

CITY-ST-ZIP

SIGNATURE:

BOCA RATON FL

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #