2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N96000005211

Entity Name: AMERICAS MUSICAL THEATRE GROUP, INC.

Current Principal Place of Business:

1420 GRANADA BLVD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1420 GRANADA BLVD
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0704675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITELAW, ARTHUR
1420 GRANADA BLVD
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: WHITELAW, ARTHUR
Address: 1420 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: LAFATA, MARK A
Address: 547 NAVARRE AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: PADIAL, JUAN C
Address: 6485 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: JONES, PATRICIA
Address: 1700 SW 12 AVE
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: HERRON, JAMES
Address: 200 S BISCAYNE BLVD STE 4000
City-St-Zip: MIAMI, FL 33131

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:

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: ARTHUR WHITELAW PD 06/29/2005

Electronic Signature of Signing Officer or Director — Date