FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002532 ✓

1. Corporation Name

~~HALL/HILL ALUMNI REUNION, INC.~~ TAX I.D. #650832185
HALL/HILL PERFORMING ARTS, INC

Principal Place of Business: ~~2200 LAZY LANE LAZY LAKE FL 33305~~
Mailing Address: ~~2200 LAZY LANE LAZY LAKE FL 33305~~

C/O Dr. Michael Brannon — C/O Dr. Brannon, Michael — 7/29/99 90016 001 $61.25

2. Principal Place of Business: 13 S. Valencia Dr	2a. Mailing Address: 13 S. Valencia Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL.
Zip: 33304 Country:	Zip: 33304 Country:

3. Date Incorporated or Qualified: 05/04/1998

4. FEI Number: 65-0832185 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name: MARSHALL WILLIAMS
Street Address (P.O. Box Number is Not Acceptable): 5Y3 S ANDREWS AVE
City: FT LAUDERDALE FL Zip Code 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0505, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	HOGAN, GARLAND		1.2 NAME	OLSEN DAVID
STREET ADDRESS	2200 LAZY LANE		1.3 STREET ADDRESS	15425 NW 2 CT
CITY-ST-ZIP	LAZY LAKE FL 33305		1.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE	VD	☒ DELETE	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	MARMO, JAY		2.2 NAME	WILLIAMS MARSHALL
STREET ADDRESS	2200 LAZY LANE		2.3 STREET ADDRESS	5Y3 S ANDREWS AVE
CITY-ST-ZIP	LAZY LAKE FL 33305		2.4 CITY-ST-ZIP	FT LAUD FL 33301
TITLE	STD	☒ DELETE	3.1 TITLE	SEC-TRD ☐ Change ☐ Addition
NAME	MEYER, DIANE		3.2 NAME	DR BRANNON MICHAEL
STREET ADDRESS	2200 LAZY LANE		3.3 STREET ADDRESS	13 VALENCIA DR S.
CITY-ST-ZIP	LAZY LAKE FL 33305		3.4 CITY-ST-ZIP	DAVIE FL 333Y4
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

CR2E037 (11/98)