

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90058 004 \*\*\*\*61.25

<b>DOCUMENT # N98000005042</b>					
<b>1. Entity Name</b> BROADWAY ZIEGFELD ENTERTAINERS, INC.					
<b>Principal Place of Business</b> 801 SOUTH FEDERAL HIGHWAY, PH# 12 ATTN: FRITZ POMPANO BEACH, FL 33062			<b>Mailing Address</b> 801 SOUTH FEDERAL HIGHWAY, PH# 12 ATTN: FRITZ POMPANO BEACH, FL 33062		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		<div style="font-size: 2em; font-family: cursive;">40017773</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052008 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 65-0863288	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FRITZ, MARIA 801 S FEDERAL HWY PH 12 POMPANO BEACH, FL 33062				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD ANDERSON, CONSTANCE 5901 CAMINE DEL SOL #405 BOCA RATON, FL 33433			<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
P ROSE KLOPPER 2641 GATELY DR W #804 WEST PALM BEACH, FL 33415				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD POCCIONE, SONIA H 4541 W BROWARD BLVD PLANTATION, FL 33317			<input type="checkbox"/> Delete	
VP SANDRA BALESTRACCI 3200 NE 36th ST #1510 FT LAUDERDALE, FL 33308				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S FRITZ, MARIA 801 SOUTH FEDERAL HIGHWAY PH12 POMPANO BEACH, FL 33062			<input type="checkbox"/> Delete	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sonia Hart Poccione, Treasurer</i>				1-30-08 954-792-4342	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	