

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005042

FILED
Mar 23, 2009
Secretary of State

Entity Name: BROADWAY ZIEGFELD ENTERTAINERS, INC.

Current Principal Place of Business:

801 SOUTH FEDERAL HIGHWAY, PH# 12
ATTN: FRITZ
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

801 SOUTH FEDERAL HIGHWAY, PH# 12
ATTN: FRITZ
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0863288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITZ, MARIA
801 S FEDERAL HWY PH 12
POMPANO BEACH, FL 33062 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: P () Delete
Name: KLOPPER, ROSE
Address: 2641 GATELY DR W #804
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD () Delete
Name: POCCIONE, SONIA H
Address: 4541 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: FRITZ, MARIA
Address: 801 SOUTH FEDERAL HIGHWAY PH12
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: BALESTRACCI, SANDRA
Address: 3200 NE 36TH ST #1510
City-St-Zip: FORT LAUDERDALE, FL 33308

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 exemption stated 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 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: MARIA FRITZ

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date