

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005966

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: CIO ARTS, INC.

## Current Principal Place of Business:

701 OKEECHOBEE BLVD.  
W. PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

701 OKEECHOBEE BLVD.  
W. PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 65-0962874      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:

SEGALOFF, ANDREW J  
701 OKEECHOBEE BLVD.  
W. PALM BEACH, FL 33401      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: D      ( ) Delete  
Name: SEGALOFF, ANDREW  
Address: 701 OKEECHOBEE BLVD.  
City-St-Zip: W. PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: LEVINE, ALAN  
Address: 207 F STREET NW  
City-St-Zip: WASHINGTON, DC 20566 US

Title: D      ( ) Delete  
Name: BOELKES, CHRIS  
Address: 600 TOWNCENTER DRIVE  
City-St-Zip: COSTA MESA, CA 92626

Title: D      ( ) Delete  
Name: STOCKLE, TERRYANN  
Address: 1 CENTER ST  
City-St-Zip: NEWARK, NJ 07102

Title: D      ( ) Delete  
Name: KASTER, STEVE  
Address: 455 FRANKLIN STREET  
City-St-Zip: SAN FRANCISCO, CA 94102

Title: D      ( ) Delete  
Name: EDMONDS, JONATHAN M  
Address: 803 LIBERTY AVE  
City-St-Zip: PITTSBURGH, PA 15222

## 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:

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 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: STEVE KASTER

D

07/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date