

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005966

FILED
Dec 19, 2008
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 ()

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: ANDREW SEGALOFF

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: WEBBER, JOHN
Address: 2106 BOLL STREET
City-St-Zip: DALLAS, TX 75204

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: D (X) Change () Addition
Name: KASTER, STEVE
Address: 1326 5TH AVENUE
City-St-Zip: SEATTLE, WA 98101

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: STEVE KASTER

D

12/19/2008

Electronic Signature of Signing Officer or Director

Date